American Optometric Association
NEWS™

Read the News blog at newsfromaoa.org

Volume 50 September 2011 No. 3

Carlson briefs federal officials on role of optometry as part of efforts in the deficit reduction process

With Medicare and other cuts looming on the horizon, Dori Carlson, O.D., president of the AOA, met with U.S. Department of Health & Human Services (HHS) Secretary Kathleen Sebelius to advocate for expanded access to eye and vision care for all Americans.

The president and Congress are attempting to reach agreement before the end of the year on cutting $1.5 trillion from the federal deficit over 10 years, and some in Washington have been urging massive Medicare cuts beginning in 2012 and a scale back of a new requirement for pediatric vision care and other essential health care services.

The AOA is defending optometry from these attacks and any effort to single out optometrists and patients in the federal deficit reduction process.

"Our message is simple and straightforward: optometry is part of the solution to the challenges our country is facing right now," said Dr. Carlson. "I'm making certain Washington, D.C., understands exactly who optometrists are, how advanced our education and training is and what we do every day to keep our patients healthy and active."

AOA President Dori Carlson, O.D., meets with U.S. Department of Health & Human Services Secretary Kathleen Sebelius to advocate for expanded access to eye care for all Americans and present the Health Care Leadership Award.

In meetings with Sebelius, Alexa Posny, Ph.D., assistant secretary of Education, and other officials, Dr. Carlson briefed them on the role of optometrists in communities across the country, and the especially critical role of optometry in delivering care to school-age children and seniors.

She cited optometrists'

See Briefing, page 10

CMS: ICD-10 is coming

Health care practitioners should begin preparing now for the implementation of the International Classification of Diseases, 10th Edition, Clinical Modification (ICD-10-CM), according to U.S. Centers for Medicare & Medicaid Services (CMS).

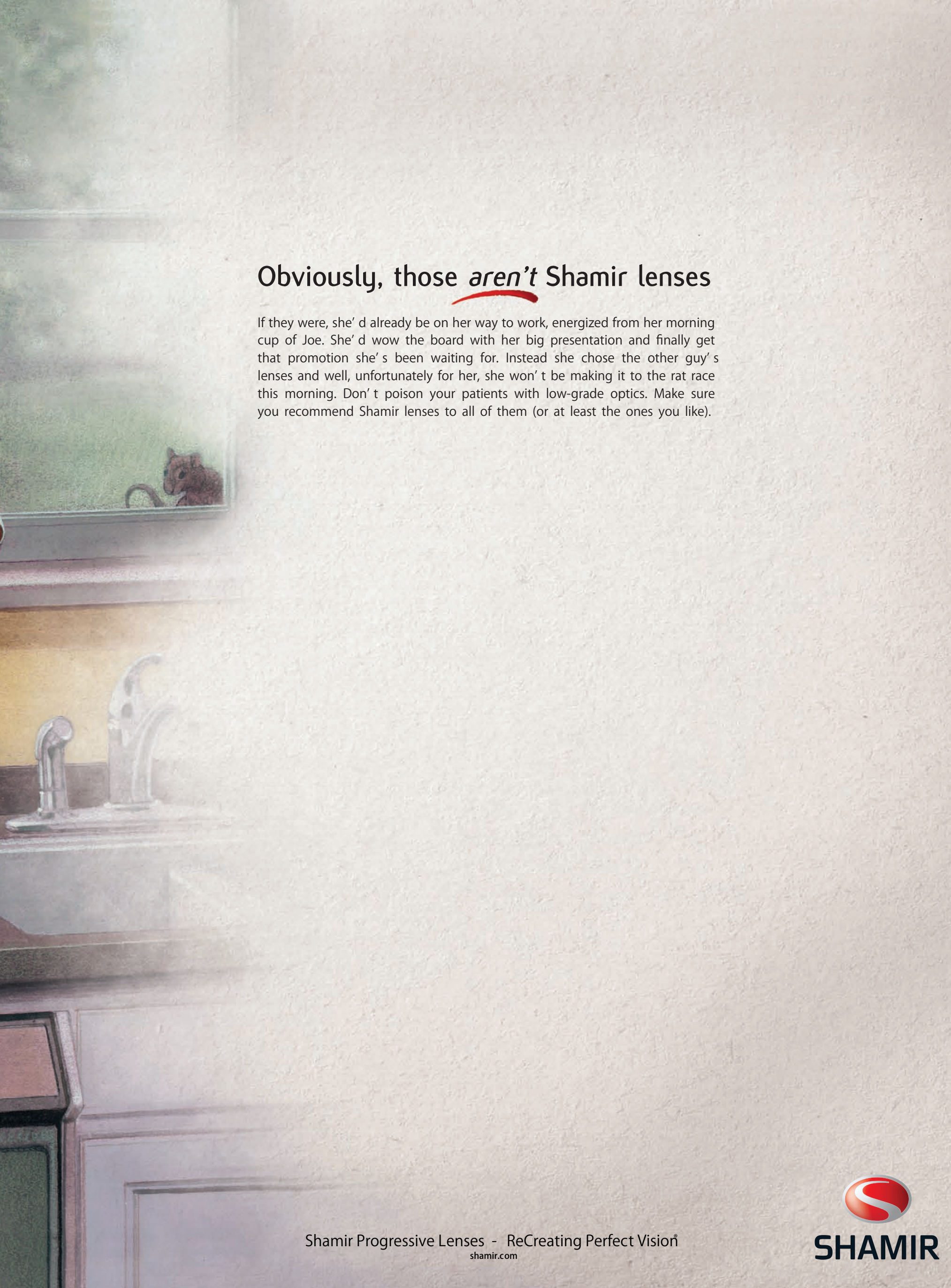
"The ICD-10s are coming," said Daniel Duvall, M.D., medical officer for the CMS' Medicare Hospital and Ambulatory Policy Group, during an Aug. 3 conference call titled "ICD-10 Implementation Strategies for

See ICD-10, page 10

Lights, camera, action!

AOA spokesman James Sheedy, O.D., Ph.D., conducts a satellite media tour (SMT) in early August. The AOA Ready for School campaign is targeting the use of 3-D in the classroom this year and has already reached an audience of 5 million. See the full story on page 16.


SUGAR
POIS



Obviously, those *aren't* Shamir lenses

If they were, she' d already be on her way to work, energized from her morning cup of Joe. She' d wow the board with her big presentation and finally get that promotion she' s been waiting for. Instead she chose the other guy' s lenses and well, unfortunately for her, she won' t be making it to the rat race this morning. Don' t poison your patients with low-grade optics. Make sure you recommend Shamir lenses to all of them (or at least the ones you like).

Shamir Progressive Lenses - ReCreating Perfect Vision®

shamir.com

SHAMIR

American Optometric Association

243 N. Lindbergh Blvd.
St. Louis MO 63141
(800) 365-2219
www.aoa.org

AOA Board

Dori M. Carlson, O.D.
PRESIDENT

Ronald L. Hopping, O.D., M.P.H.
PRESIDENT-ELECT

Mitchell T. Munson, O.D.
VICE PRESIDENT

David A. Cockrell, O.D.
SECRETARY-TREASURER

Joe E. Ellis, O.D.
IMMEDIATE PAST PRESIDENT

TRUSTEES
Hilary Hawthorne, O.D.
Barbara Horn, O.D.
Steven A. Loomis, O.D.
Samuel D. Pierce, O.D.
Christopher Quinn, O.D.
Andrea Thau, O.D.

AOA News Staff
www.aoanews.org

Tracy Overton
MANAGING EDITOR
TLOVERTON@AOA.ORG

Bob Pieper
SENIOR EDITOR
RFPIEPER@AOA.ORG

Matt Willette
WASHINGTON DC EDITOR
MWILLETTE@AOA.ORG

Laurie Bergman
SOCIAL MEDIA MANAGER
LWBERGMAN@AOA.ORG

Bob Foster, ELS
ASSOCIATE DIRECTOR,
PUBLISHING/SOCIAL MEDIA
RAFOSTER@AOA.ORG

Stephen M. Wasserman
DIRECTOR, COMMUNICATIONS AND MEMBERSHIP
SMWASSERMAN@AOA.ORG

Advertising

Display Advertising
Aileen Rivera
Advertising Sales Representative
Elsevier
360 Park Avenue South
New York, NY 10010-1710
(212) 633-3721
Fax: (212) 633-3820
E-Mail: A.RIVERA@ELSEVIER.COM

Classified Advertising
Traci Peppers
Advertising Sales Representative
Elsevier
360 Park Avenue South
New York, NY 10010-1710
(212) 633-3766
Fax: (212) 633-3820

Change of address: Notify publisher at least six weeks in advance, including both mailing label from the most recent issue and the new address with proper ZIP code. Acceptance for advertising for publications does not constitute approval or endorsement by the **NEWS** or the AOA. All advertising is subject to review for acceptability by the AOA Communications Group. Acceptance and/or publication of editorial material in the **NEWS** does not constitute approval or endorsement by the **NEWS**, or the AOA.

They can't take away your education

I grew up on a small grain farm in northern Minnesota with parents who never had anything beyond a high school education. My father was well-known for some of his sayings – many of which we repeat in our household to this day. One of his favorite sayings when I was a kid was, "When times get tough, they can take your house. They can take your car. They can take all your worldly possessions, but they can never take away your education. You need to get an education."

I found this very annoying when I was a teenager, but all three of us kids got a college education. The shock came later in life when I heard myself repeating that very saying to someone else.

I found myself repeating this comment to an optometrist a few years ago who was trying to decide if he should purchase a piece of equipment or join a practice consulting group. I started asking him some questions about his practice. What's your revenue per patient? What's your chair cost per hour? This optometrist knew none of the answers to my questions about his practice. I then asked, how would he know what the return on investment was on a piece of equipment if he didn't understand any of the numbers about his business?

I thought it was worth the investment in becoming a better CEO of the business in order to then make smarter business decisions in the long term.

Some optometrists have managed to survive through the years without paying much attention to their business. However, I think it's going to be harder for these folks to survive in the future given the market changes happening with our nation's financial system, health care reform and rising costs in just about every sector of our economy.

In order to ensure long-term success, today's optometrists need to have more than just the clinical knowledge that they obtained in school and through CE.

In order to ensure long-term success, today's optometrists need to have more than just the clinical knowledge that they obtained in school and through CE.

Today's optometrists must have a better understanding of how to manage the business side of their practice by immersing themselves in educational tools and resources that will help them make sound financial decisions.

Using the AOA's professional and practice development resources can help build your definition of practice success.

Some of those resources include:

❖ First Practice Academy™ (FPA) for Eye Care Professionals, which educates optometrists, who have purchased their practice within the last three years, about small business management strategies and techniques proven to improve practice and financial success.

❖ The Management & Business Academy™ (MBA) for Eye Care Professionals, a one-day seminar led by optometrists that is designed to provide business management resources for eye care professionals in private practice. Along with the seminar is a Web site, *www.mba-ce.com*, where optometrists can follow up from the seminar and gain insights on how to improve staff management.

❖ Practice Strategies in *Optometry: Journal of the AOA*, which offers easy-to-implement tips to improve practice management, updates on health care management trends, training and productivity resources and an optometry forum to share ideas.

❖ Practice Connect, which matches seasoned doctors of optometry with new and established practitioners and students to provide coaching on issues related to practice management. Volunteer coaches offer guidance and direction through a group forum on AOAConnect, the AOA's social networking site for members, on how to successfully manage an optometric office, build a practice, buy a practice, establish a partnership, merge practices, and deal with other important practice management areas.

Dr. Carlson

❖ Coding education is available through the AOA's Clinical and Practice Advancement Group. AOA members can access training on medical records and coding, including Webinars, articles and other educational tools. Visit *www.aoa.org/coding* to learn more. Members can also maximize their third-party reimbursement through *www.aoacodingtoday.com*, a free AOA member benefit, and through *AOA.ReimbursementPlus.com*.

❖ Practice Management and Career Center lectures at Optometry's Meeting® focuses on honing business skills in the areas of staff management training, financial management, marketing and networking for practice

See President, page 21

American Optometric Association News (ISSN: 0094-9620) is published 12 times per year by Elsevier Inc., 360 Park Avenue South, New York, NY 10010.
Business Office: 11830 Westline Industrial Drive, St. Louis, MO 63146.
Editorial Office: 243 N. Lindbergh Blvd., St. Louis, MO 63141.
Accounting and Circulation Offices: 6277 Sea Harbor Drive, Orlando, FL 32887-4800.
Domestic subscriptions: $123. International subscriptions: $171.
Customer service: 800-654-2452 (US and Canada) or 407-363-9661 (other countries).
Periodicals postage paid at New York, NY, and at additional mailing offices.
POSTMASTER: Send address changes to American Optometric Association News, Elsevier Periodicals Department, 6277 Sea Harbor Drive, Orlando, FL 32887-4800.

Allergan and Optometry
Proud to Be a Part of Your World

ALLERGAN Eye Care

Allergan offers the optometry community quality products, educational programs, and practice support. Our goal is to be your partner in patient care. When you thrive, we thrive; that's how opportunity brings us all together.

Visit our optometry-dedicated website for more information

www.allerganoptometry.com

Get the free mobile app at
http://gettag.mobi

EyeLearn™ course spotlight

Education portal features pre/post-operative care

EyeLearn's™ Pre- and Post-operative Care interactive learning module, like many of the resources available on the new optometric continuing education Web portal, is designed in large part to assist optometrists who are preparing to seek American Board of Optometry certification.

However, it is also designed to help all optometrists ensure they are up to date on state-of-the-art surgical co-management, according to Charles Ficco, O.D., who developed the module for EyeLearn™.

Dr. Ficco, O.D., the clinical director for Clayton Eye Care in Morrow, Ga., spent two years at Miami's Bascom Palmer Eye Institute before joining his present practice.

With optometrists across the nation increasingly called on to advise patients on surgical issues or provide co-management services, just about any practitioner today must have a good working knowledge of pre-and post-operative care, Dr. Ficco noted.

"The module covers evaluation of patients for both cataract and refractive surgery. It covers tests that can be performed in the optometrist's office as well as tests that must be performed in an ophthalmologist's office. It outlines the latest in surgical procedures and techniques. It covers complications that are commonly seen in cataract or refractive surgery patients and methodologies for treatment," Dr. Ficco said.

The course consists of five audio-visual units on basic pre- and post-operative-related topics:

- Pre-operative evaluation for cataract or refractive surgery
- Post-operative care for cataract or refractive surgery
- Post-surgical complications of cataract or refractive surgery
- Assessment and differential diagnosis for cataracts
- Treatment and management options for cataracts

The units range in length from five to 28 minutes. Practitioners can take the entire course in around 75 minutes.

As with all EyeLearn™ courses, the online pre- and post-operative care interactive learning module allows practitioners to log on and access the course whenever they are ready. The electronic format allows them to pause at any point and return to the course later. Or they can immediately repeat a unit if they do not adequately understand the material covered.

> *"Learners can go over and over material as often as they wish, testing their understanding using the pop-up quizzes, and reviewing material as necessary."*

Each unit comes with one or more self-assessment quizzes that appear periodically. Course handouts are provided on the Web site. Course takers can even follow the speaker word-for-word using course transcripts that are also provided on the site.

In addition to interactive learning modules, practitioners can easily access supplemental resources such as AOA Optometric Clinical Practice Guidelines and articles from *Optometry: Journal of the American Optometric Association* as well as a range of pre-recorded audio or video lectures.

A Continuing Education (CE) Finder feature allows optometrists to find appropriate classroom continuing education programs on co-management and other subjects, offered by state optometric associations, regional optometric organizations, and the AOA.

Online learning programs such as EyeLearn™ may never completely replace the traditional classroom lecture, Dr. Ficco acknowledges.

"As a lecturer, I have to say that the classroom allows attendees to directly ask questions and, when good questions are asked, it can prompt a dialogue that makes for a really fulfilling educational experience," Dr. Ficco observed.

"However, there are definitely advantages to interactive online programs like EyeLearn™ as well." Dr. Ficco adds. "Learners can go over and over material as often as they wish, testing their understanding using the pop-up quizzes, and reviewing material as necessary."

"That can be important," Dr. Ficco emphasized. "Everyone learns at their own pace."

EyeLearn™ adds 6 new courses this month

A half-dozen new interactive online continuing education courses will be posted this month on EyeLearn™, the AOA's new optometric education Web portal, according to AOA Trustee Christopher J. Quinn, O.D.

The six new courses – all developed to help AOA member optometrists prepare for the American Board of Optometry (ABO) certification examination – will cover ametropia/ophthalmic optics, contact lenses, the anterior segment, pre- and post-operative care, the posterior segment, and neuro-ophthalmic disorders.

EyeLearn™ was officially launched on June 1 with courses on glaucoma, vision rehabilitation, systemic health, and pediatrics/binocular vision/vision therapy.

Additional courses on clinical, as well as practice management topics, are scheduled to be added in the coming weeks, Dr. Quinn said.

In addition to the new custom-developed online learning modules, EyeLearn™ offers access to a variety of supplemental print, audio, and video presentations on each topic.

Videos consist largely of continuing education lectures presented at Optometry's Meeting®. Articles on the site have been published in *Optometry: Journal of the American Optometric Association* over the past two years.

In addition, EyeLearn™ features a Continuing Education (CE) Finder that lists continuing education courses offered by state optometric associations, regional optometric organizations, and the AOA.

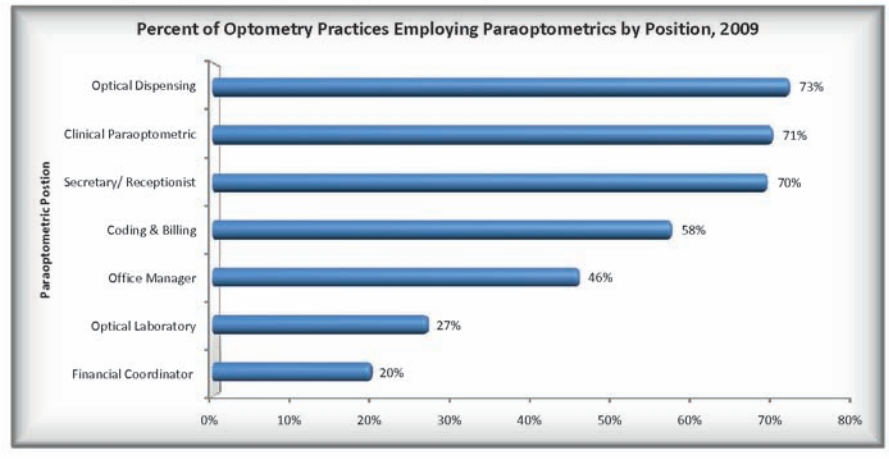
Some 83 percent of EyeLearn™ users continue to rate the site "good" or "excellent," according to an online poll.

EyeLearn™ is available exclusively to AOA members. The interactive learning courses and all other resources on the site are available to AOA members free of charge.

AOA members can access EyeLearn™ on the AOA Web site at *www.aoa.org/eyelearn*.

OPTOMETRY FACTS IN FOCUS

According to a recent AOA census of member optometrists, nearly all practices (97%) employed paraoptometrics in 2009 either on a full-time or part-time basis. Full-time paraoptometric positions were reported in 91% of practices and part-time positions were reported in 59% of practices. 73% of practices reported paraoptometrics employed in an optical dispensing position; making it the most commonly employed paraoptometric position in 2009.



Source: AOA Research & Information Center, 2010 Census of Optometric Practice. "RIC@aoa.org"

Visit www.aoa.org/2010Para to read the Executive Summary and learn how you can obtain full results from the 2010 Census of Optometric Practice.

LUXOTTICA®

50 YEARS OF EXCELLENCE

Celebrating 50 Years of Excellence

Thanks to Your Support and Partnership

Visit us at Vision Expo West

Booth 16024

INTERNATIONAL VISION EXPO & CONFERENCE LAS VEGAS

Proud sponsor of VISIONOMICS

AOA fully engaged as possible Medicare pay 'perfect storm' threatens ODs, other physicians

The AOA and other physician groups are now making preparations for what some experts in the nation's capital are calling a potential Medicare payment "perfect storm" looming on the horizon.

In the coming months, Congress and the Obama administration will be forced to make important decisions on three separate plans that call for drastic changes to Medicare spending, which could mean massive cuts in payments to ODs and other physicians.

While the AOA has already been working to avert a nearly 30 percent cut set to take effect in 2012, the recently approved debt ceiling deal and the health law's Medicare Independent Payment Advisory Board (IPAB) also pose serious threats to Medicare physician reimbursement in the near future.

Knowing what is at stake for patients and providers, the AOA continues to work closely with key champions on Capitol Hill to highlight the important role that optometrists play in protecting the health of America's seniors and also in stretching federal health care dollars by preventing more costly interventions down the road.

Debt deal

After months of deliberations, the White House and congressional leaders from both parties reached a deal to address the deadline to raise the national debt ceiling. Known as the Budget Control Act (BCA), the legislative package was aimed at reducing budget deficits, raising the debt limit and avoiding default on payments to service the national debt.

The first phase of the debt plan includes plans to reduce federal spending by $917 billion between 2012 and 2021. However, the first round of cuts will not target Medicare or Medicaid.

Under the second phase of the plan, a special bipartisan committee of 12 members of Congress – also known as the "Super Committee" – will meet to find an additional $1.5 trillion in deficit reduction over a 10-year window. During these negotiations lawmakers are expected to focus on various reforms to the Medicare program.

While a provision included within the BCA protects seniors from reductions in benefits, it provides no such protections for Medicare provider payments as the Super Committee proceeds to consider options to squeeze savings from health care programs.

While a provision included within the BCA protects seniors from reductions in benefits, it provides no such protections for Medicare provider payments as the Super Committee proceeds to consider options to squeeze savings from health care programs.

The clock will be ticking for the special panel once it is convened, however, as the new committee has until Nov. 23 to sign off on a plan to cut $1.5 trillion, which Congress would need to approve by Dec. 23 to meet the requirements of the new law.

In the event that the committee fails to agree on a plan or even a large enough measure, the debt act would automatically impose up to $1.2 trillion worth of cuts spread out across most government sectors.

While the fail-safe plan would limit the automatic reduction to 2 percent, benefits for enrollees could not be altered. This scenario would mean that reductions would need to come instead from reduced pay to Medicare providers. The annual hit to doctors would be roughly $10 billion to $15 billion per year.

Under either a negotiated deal or a trigger scenario, the AOA is working to ensure that payments to optometrists are not unfairly targeted and that Congress ultimately finds an equitable solution. The AOA will be making clear to lawmakers the essential role that ODs play in ensuring the health of America's seniors.

Sustainable Growth Rate

After successfully convincing Congress to implement multiple delays in planned Medicare payment cuts to ODs in 2010 and spurring Congress to approve an eleventh-hour deal to avert a nearly 25 percent cut in 2011, the AOA is again urging Congress to prevent massive cuts scheduled to take effect early next year.

Along with other Medicare physicians, doctors of optometry have endured the uncertainty and consequences of threatened double-digit Medicare cuts, five separate short-term "patches" just in 2010, and now the largest scheduled cut yet thanks to continued reliance on the flawed Sustainable Growth Rate (SGR) formula.

Over the last year and a half, after Medicare cuts were actually imposed for a time, the AOA warned lawmakers that some OD practices were forced to seek loans to make payroll and other expenses while others began to delay or rethink investments in health information technologies aimed at improving patient care and easing costs.

Now, with the threat of another massive cut, the AOA is focused squarely on averting the nearly 30 percent cut scheduled to take effect Jan. 1, 2012. And to make matters worse, the scheduled SGR cut would be in addition to any Medicare payment cuts that may emerge from debt negotiations or from a trigger scenario.

While the SGR Medicare physician payment issue may be among the issues covered in debt negotiations, the AOA continues to work with congressional leaders to replace the SGR payment formula with a fair system that reflects quality, essential care and vision care and also safeguards patient access to local doctors of optometry.

Independent Payment Advisory Board

While not as immediate a threat to Medicare payments as Super Committee negotiations or a failure to stave off a planned cut as a result of the SGR, the IPAB is a major concern to the AOA and other physician organizations.

The health care reform law established the so-called IPAB and authorized it to make critically important decisions about the future of Medicare. The 15-person board, to be appointed by the president, would be charged with recommending ways to reduce overall Medicare spending.

As set out in law, the IPAB would submit recommendations to Congress on how to limit Medicare expenditures each January, beginning in 2015. If Congress fails to act on those recommendations, the recommendations of the panel would go into effect immediately.

Overall, the IPAB's aim would be to control Medicare costs. However, the AOA is concerned that the panel could place a nearly exclusive emphasis on the role of providers, including optometrists and other physicians, resulting in an unelected and unaccountable board able to overrule doctors and possibly deny essential care.

The AOA is now supporting efforts in Congress to prevent the IPAB from targeting Medicare payments to doctors of optometry and others. Overall, the AOA supports the elimination of the IPAB and is urging Congress to ensure that optometrists are treated fairly as changes to Medicare are considered by Congress.

AOA members with questions or concerns and those seeking to become more involved in federal advocacy should contact the AOA Washington office directly at 800-365-2219 or by e-mail at *Impact WashingtonDC@aoa.org*.

DC think tank joins with AOA to expose organized medicine's hidden agenda

The policy experts at the Washington, D.C.-based Heritage Foundation are well-known in the nation's capital and across the country for leading the crusade to stop the expansion of unwieldy government programs and eliminate unnecessary regulations.

That's why earlier this week, after learning the details of a campaign unfairly targeting ODs, Heritage joined with the AOA to shine a critical spotlight on nefarious legislation that's been a top priority this year on Capitol Hill for organized medicine's lobbying machine.

After being briefed by the AOA Washington office team about the American Medical Association (AMA) and ophthalmology-backed "truth and transparency in health care" legislation (H.R. 451) – sponsored by Congressman John Sullivan (R-Okla.) – Heritage officials were immediately able to see through medicine's false claims.

Recognizing that the bill seeks to impose new federal controls over how ODs practice and provide care for patients, the high-profile think tank bashed the anti-competitive campaign and is now publicly calling out the AMA over the "malignant" intent behind its Capitol Hill agenda.

In an Aug. 9 e-mail alert sent directly to the organization's nearly 700,000 supporters, including many conservative members of Congress, Heritage warned that the legislation "is less about protecting public health than about protecting the MDs' monopoly and criminalizing competition."

In an Aug. 9 e-mail alert sent directly to the organization's nearly 700,000 supporters, including many conservative members of Congress, Heritage warned that the legislation "is less about protecting public health than about protecting the MDs' monopoly and criminalizing competition."

The organization continued its assault by pointing out that the bill's sponsor, Rep. Sullivan, has been "unduly persistent in his efforts to assist the American Academy of Ophthalmology (AAO)" and concludes that "thankfully, his colleagues have seen through the legislative guise."

After three previous versions of the misleading "truth and transparency" bill were directly opposed by the AOA and ultimately defeated in Congress, the AMA, the AAO and other medical groups united behind a slightly altered version and targeted more than 100 newly elected members of Congress as potential new allies.

Pushing back against the highly organized and well-funded effort, the AOA mobilized its grassroots network of doctor and student advocates to expose the true intent behind the misleading legislation and to help counter organized medicine's aggressive and anti-competitive lobbying campaign.

At the same time, the AOA Washington office team – bolstered by the work of AOA federal Keypersons – launched an effort to meet directly with more than 100 freshmen members of Congress and others to help prevent lawmakers from unknowingly backing new limits on how ODs practice and provide care for patients.

With organized medicine still working to attract new supporters, the AOA will continue to push back against these aggressive and anti-competitive efforts.

AOA members looking to get more involved in federal advocacy and those seeking further information on this important topic should contact Jon Hymes at *jfhymes@aoa.org* or Matt Willette at *mwillette@aoa.org* or call the AOA Washington office at 800-365-2219.

To read the full Heritage article, titled "Tales of the Red Tape #17: A Myopic Regulatory Vision," visit the Heritage Foundation's blog at *http://blog.heritage.org/2011/08/08/tales-of-the-red-tape-17-a-myopic-regulatory-vision/#idc-cover*.

Former U.S. Congressman Robert Whittaker, O.D., hands AOA Immediate Past President Joe E. Ellis, O.D., the gavel used in the U.S. House of Representatives to signal final passage of historic legislation recognizing ODs as Medicare physicians.

AOA celebrates 25th anniversary of historic Medicare physician recognition victory

Thousands of ODs and optometry students joined AOA volunteer leaders and other key supporters in Salt Lake City at Optometry's Meeting® 2011 for a spirited celebration of the 25th anniversary of one of optometry's single most important legislative victories: the recognition of ODs as physicians under Medicare.

After mounting an impressive advocacy push, the AOA's 20-year battle for full reimbursement and fair treatment under the Medicare program ultimately ended with a stunning victory as Congress passed the 1987 Budget Reconciliation Act and President Ronald Reagan signed the measure into law on Oct. 21, 1986.

Included within the budget bill was the long-sought change to Medicare to allow equal payment for services performed by doctors of optometry.

Known as the "Mikulski Amendment" – named after its lead sponsor U.S. Rep. (now U.S. Senator) Barbara Mikulski (D-Md.) – the optometric parity provision passed with support from the American Public Health Association and AARP.

Working closely with then-Rep. Mikulski and others on the U.S. House Energy and Commerce Committee, U.S. Representative Robert Whittaker, O.D. (R-Kan.) was the leading voice in Congress for optometric parity.

See Medicare, page 12

Briefing,

from page 1

AOA President Dori Carlson, O.D., meets with Alexa Posny, Ph.D., assistant secretary of Education.

hard-won status as physician providers in Medicare and as the main provider of eye health and vision care under Medicaid.

The Joint Select Committee on Deficit Reduction was created as part of a deal reached in Congress in early August to allow an increase in the nation's debt ceiling of at least $2.1 trillion – enough for the Treasury Deptartment to cover its federal spending obligations until at least the beginning of 2013.

"Our message is simple and straightforward: optometry is part of the solution to the challenges our country is facing right now."

The legislation includes more than $900 billion in cuts during the next decade and instructs the select committee to find $1.5 trillion in additional deficit reductions.

However, if the panel cannot agree on a large-enough plan that can pass Congress, there would be automatic cuts imposed on Medicare, defense spending and many other areas of the federal budget – with certain exceptions – by as much as $1.2 trillion, a figure that would be lowered by any smaller reductions to which lawmakers do agree.

With the HHS also now at a pivotal moment in the 18-month long review of a new children's vision essential health benefit, Dr. Carlson pointed to the increasing national support for comprehensive eye exams to replace the broken system of screenings as the best way to help the millions of children to struggling with undiagnosed and untreated vision problems and eye diseases.

Pro-optometry leaders in Congress, including Sen. Daniel Inouye, (D-Hawaii), Sen. Robert Menendez (D-N.J.), Sen. Mary Landrieu (D-La.) and Rep. James Clyburn (D-S.C.), are urging the HHS to make comprehensive eye exams the foundation of federal children's vision policy.

"As hard as AOA doctors, students and staff have worked to be a force in the nation's capital, now is the time to work even harder and to take optometry's pro-patient, pro-access message directly to the White House, to Capitol Hill and to every government building in between," Dr. Carlson said.

ICD-10,

from page 1

Physicians."

The American health care system will formally implement the new health care coding system on Oct. 1, 2013, CMS officials noted during the conference call.

Effective that date, health care practitioners – including optometrists – in all health care settings will be required to indicate diagnoses on claims and other documents using the ICD-10 Clinical Modification (CM) codes instead of the currently used ICD-9 CM codes.

The CMS emphasizes that services provided through Sept. 30, 2013, must be billed with ICD-9-CM diagnosis codes while services provided on or after Oct. 1, 2013, must be billed with the ICD-10-CM diagnosis codes.

Optometrists and other health care practitioners in office settings will continue to use the American Medical Association's Current Procedural Terminology (CPT) to describe services provided to patients. They will also continue to use the U.S. Department of Health & Human Services' (HHS) Health Care Procedures Coding System (HCPCS) to describe health care products as well as any services not covered in the CPT codes.

Health care practitioners, institutions and claims processors are to have software systems that accommodate the ICD-10 codes in place on Jan. 1, 2012.

Health care practitioners, institutions and claims processors are to have software systems that accommodate the ICD-10 codes in place on Jan. 1, 2012, so as to allow plenty of time for testing, according to the CMS.

"The (ICD-10-CM) deadlines are firm. There will be no delays," Dr. Duvall emphasized.

The ICD-10-CM codes are developed by the World Health Organization, an arm of the United Nations. The United States is required to implement the coding system under an international treaty. The ICD-10-CM codes are already in use in most developed nations around the world.

The ICD-10-CM coding system is designed to facilitate better health care data collection, more accurate billing for health care services, more comprehensive and accurate patient records, health care quality measurement, and performance-based reimbursement, CMS officials say. It is an integral part of the nation's move toward a nationwide system of electronic health records (EHR) and a reformed health care system, they add.

The ICD-10-CM will represent a considerable adjustment for the U.S. health care system, CMS officials acknowledge, although it will be less of an adjustment for health care practices than for institutions.

The ICD-10-CM code set – with some 68,000 codes – is much larger than the currently used ICD-9-CM – which has 14,000 – and provides for more anatomically specific and detailed reporting of conditions as well as new diagnoses not covered under the older coding set.

While EHR and practice management software system will greatly assist health care practitioners and their office staffs in properly reporting diagnoses using the ICD-10-CM codes, both practitioners and staff will need to have a good working knowledge of the coding system, CMS officials emphasize.

Health care practitioners should begin making plans for the implementation of the ICD-10-CM codes in their practices now, the CMS officials advised during the conference call.

They suggest practitioners hold initial staff meetings on ICD-10-CM and provide information on the coding system as quickly as practical.

Practitioners should also now be contacting their practice software providers or billing services to make sure they will be prepared to meet the coming January deadline for the installation of ICD-10-CM-compliant systems.

To properly accommodate ICD-10-CM codes, software systems must meet specifications outlined in a set of software operating standards known as ASC X12 Version 5010

Health care practitioners should plan to take formal education courses on the ICD-10-CM – and provide such courses for their office staff – roughly six to nine months prior to the October 2013 implementation deadline, officials suggest.

Hospitals in 2013 will be required to begin using ICD-10 Procedure Coding System (ICD-10-PCS) codes to describe health care procedures and treatments provided to inpatients as well as the ICD-10-CM codes to describe diagnoses.

Health practitioners in office settings will eventually be required to use the ICD-10-PCS procedure codes.

The AOA Clinical and Practice Advancement Group (CPAG) is developing materials to assist optometrists with ICD-10 implementation. A more detailed article on the ICD-10-CM coding system will appear in a future issue of *Optometry: Journal of the American Optometric Association*.

Additional information can be found on the AOA Web site ICD-10 page (*www.aoa.org/x15504.xml*).

Now there's a better way to give today's contact lens wearers comfort and moisture from insertion to removal.[1]

Introducing OPTI-FREE® PureMoist® Multi-Purpose Disinfecting Solution with HydraGlyde® Moisture Matrix, a breakthrough wetting technology engineered to hydrate today's advanced lenses all day. **After all, shouldn't their contacts last as long as they do?**

Scan & See The Latest Wetting Technology

Alcon®

Reference: 1. Lemp, J., Garafolo, R., Napier, L., Stein, J., Lally J. Clinical Assessment of an Investigational Multi-Purpose Disinfecting Solution. Poster accepted for presentation at: AOA, June 2011.

More moisture by design™

Mittelman to serve as Navy Deputy Surgeon General

U.S. Navy Rear Adm. Michael H. Mittelman, O.D., has become the first optometrist to be assigned Deputy Surgeon General (DSG) of the United States Navy.

As the Navy's No. 2 health officer, Rear Adm. Mittelman will work with the Navy Surgeon General to provide care around the world for U.S. sailors, Marines and their families through the Navy Bureau of Medicine and Surgery (BUMED).

"I'll work directly for the new Surgeon General. Generally the DSG serves as the Chief Operating Officer for the organization and runs the daily activities of Navy Medicine, but that often depends upon how the Surgeon General decides to divide the labors between his office and the DSG's," Rear Adm. Mittelman said. "The prospective Surgeon General and I haven't had that level of discussion yet but I'm certain he plans on keeping me pretty busy."

Rear Adm. Mittelman currently serves as the U.S. Pacific Command surgeon in Hawaii.

He previously served as command surgeon for the military's U.S. Joint Forces Command (USJFCOM) and the medical adviser to the North Atlantic Treaty Organization's (NATO) Supreme Allied Command Transformation (SACT).

He was the first optometrist to be given any of those positions as well as the first full-time military optometrist ever to attain "flag grade" (admiral or general) rank in any branch of the American military.

Rear Adm. Mittelman's latest assignment was announced Aug. 10 by Secretary of the Navy Ray Mabus and Chief of Naval Operations Adm. Gary Roughead.

He will assume his new position at the BUMED headquarters in Washington, D.C., in October.

As the U.S. Pacific Command surgeon, Rear Adm. Mittelman has been in charge of providing health care for the Navy's entire Pacific operating area – including Operation Tomodachi, the U.S. Department of Defense's response to Japan's earthquake and tsunami disaster.

Rear Adm. Mittelman

Mittelman was the first full-time military optometrist ever to attain "flag grade" (admiral or general) rank in any branch of the American military.

As the Joint Forces Command's chief health care officer, Rear Adm. Mittelman oversaw care for the 1.16 million active and reserve military personnel, civil servants and contact employees in the Army, Navy, Air Force and Marines around the globe.

He was also charged with helping to reposition the American military for better response to new types of security threats and new types of conflicts that may not involve traditional armies from nation-states.

As medical adviser for the SACT, Rear Adm. Mittelman coordinated care for military personnel from other nations under NATO.

Over the course of his career, Rear Adm. Mittelman has served as director of the Navy's Medical Service Corps with authority over 31 health care specialties; the director of the medical resources, plans and policy division for the Office of the Chief of Naval Operations; and a special assistant to the surgeon general at U.S. Marine Corps Headquarters in Washington.

In the 1990s, he facilitated the establishment of the U.S. Department of Defense Optical Fabrication Enterprise, the Navy's first optical lab, and, in 2000, assumed command of U.S. Naval Hospital Okinawa, Japan, becoming the first optometrist to command a major Navy hospital.

Rear Adm. Mittelman is a fellow of the American College of Healthcare Executives and a diplomate of the American Academy of Optometry.

He is an active member of the AOA, having chaired the AOA State Government Relations Center's Licensure and Regulation Committee, the AOA Multidisciplinary Practice Section and a special AOA project team on licensure by endorsement.

His is an associate fellow of the Aerospace Medical Association.

He is past president of the Armed Forces Optometric Society.

Rear Adm. Mittelman's awards and decorations include the Defense Superior Service Medal, Legion of Merit, Meritorious Service Medal, Navy Commendation Medal, Navy Achievement Medal, and numerous other unit and personal awards.

Medicare.gov updates definition of optometry

The U.S. Centers for Medicare & Medicaid Services (CMS) has updated the description of optometry that appears on its official Medicare beneficiary Web site (*www.Medicare.gov*).

A "Physician Specialty" page, accessible through the Web site's popular "Physician Compare" feature, informs Medicare beneficiaries that:

"Optometry… deals with examinations of the eye for defects and faults of refraction, prescribing correctional lenses, diagnosing diseases of the eye and treating diseases by non-surgical means."

The CMS, in July, deleted an addition sentence noting that "(a)n optometrist is not a medical doctor."

The definition was updated at the request of the AOA Advocacy Group, which found that wording to be "discriminatory, negative, and limiting," according to group director Jon Hymes.

The Medicare Web site does not emphasize limiting factors for any other health care professions, Hymes notes.

While the updated wording represents "a significant improvement," the AOA Advocacy Group had urged the CMS to adopt the definition of optometry developed by the AOA, Hymes noted.

The Medicare Web site's updated definition of optometry can be accessed at *www.medicare.gov/find-a-doctor/staticpages/resources/glossary/Physician-Specialties.aspx*.

Medicare,

from page 9

And standing shoulder-to-shoulder with Dr. Whittaker, then-Washington office Director Jim Clark played a pivotal role in the entire process and helped rally the AOA troops.

The victory proved to be a major win for patients, giving seniors a new level of access to needed eye and vision care.

The parity win also proved to be a watershed moment for the profession, leading the way for later victories over unfair provider discrimination, such as the recently approved patient choice/ provider competition provision included in the Affordable Care Act (Harkin Amendment).

Today, approximately 30,000 optometrists are enrolled in the Medicare program. The average allowed charges per Medicare OD is nearly $30,000. And in just 2009, optometrists earned nearly $900 million overall from providing eye and vision care services for America's Medicare beneficiaries.

For AOA members not in attendance at the 25th anniversary of the historic Medicare victory, the AOA is making available a special edition lapel pin celebrating "25 years in Medicare."

For more information or to request a free pin, contact Kelly Hipp of the AOA Washington office at 800-365-2219 or e-mail *khipp@aoa.org*.

Medicare issues e-Rx bonuses, payments marked with new LE code

Incentive payments for the 2010 Medicare e-Prescribing (e-Rx) Incentive Program were issued in August 2011, with distribution to be completed by the end of the month, according to the U.S. Centers for Medicare & Medicaid Services (CMS).

Health care practitioners can determine if they received a bonus by checking their Medicare remittance advice.

Practitioners who earned an e-Rx bonus last year, but did not receive one during August, should contact their Medicare carriers, CMS officials say.

Medicare is now using an "LE" code on electronic remittance advice to indicate incentive payments issued under the Medicare Physician Quality Reporting System (PQRS) or Medicare e-Rx Incentive Program, center officials reminded practitioners in an e-mail message last month.

The CMS changed the remittance advice coding for incentive payments in January 2010.

Prior to that time, the CMS had instructed Medicare contractors to use an "LS" code to indicate an incentive payment.

In an effort to further clarify the type of incentive payment issued (PQRS or e-Rx), the CMS has also created a four-digit code to indicate the type of incentive and reporting year.

For the 2010 e-Rx incentive payments, the four-digit code is RX10.

"This code will be displayed on the electronic remittance advice along with the LE indicator. For example, eligible professionals will see LE to indicate an incentive payment, along with RX10 to identify that payment as the 2010 e-Rx incentive payment,' the CMS notes.

In addition, paper remittance advice will read: "This is an e-Rx incentive payment" or "This is a PQRS payment."

The year will not be included in the paper remittance.

Health care practitioners who have questions about the status of e-Rx incentive payments should contact their Medicare carrier.

Contact information for carriers is available through the CMS' online Contact Center Directory (*www.cms.gov/MLNProducts/Downloads/CallCenterTollNumDirectory.zip*).

The QualityNet Help Desk can assist with program and measure-specific-questions. Assistance is available Monday through Friday from 7 a.m. – 7 p.m. CST at 866-288-8912 or via *qnetsupport@sdps.org*.

The CMS also offers "A Guide for Understanding the 2010 eRx Incentive Payment" to help eligible professionals understand program.

The guide can be downloaded on the CMS Web site (*http://tinyurl.com/3sg3cdz*).

Practice Maximus™ EHR certified for Medicare incentive program

Cincinnati, Ohio-based Diversified Ophthalmics has announced that an electronic health records (EHR) module for its Practice Maximus™ practice management software system has been certified for use in the U.S. Department of Health & Human Services' (HHS) Health Information Technology for Economic and Clinical Health (HITECH) incentive programs.

The certified EHR will be included as part of Practice Maximus™ Version 6, the latest edition of the popular practice management software package, according to the company.

Practitioners who already have Practice Maximus™ systems in their offices will receive the new EHR module as an upgrade option at no charge, the company said.

The Practice Maximus™ EHR was certified as a complete EHR system, acceptable for use in the federal EHR incentive program, on June 9, 2011, by Drummond Group Inc., an Office of the National Coordinator – Authorized Testing and Certification Bodies (ONC-ATCB).

The Practice Maximus™ EHR provides all the functions necessary to meet the HHS' Stage 1 EHR utilization criteria (known as the "meaningful use" standards).

Under the federal incentive program, which began Jan. 3, 2011, eligible health care practitioners can qualify for up to $44,000 in payments through Medicare ($48,400 in federally designated health profession shortage areas) over the course of the five-year program, by implementing EHR systems that have been certified for use in the program and meeting the meaningful use standards.

To qualify for incentives during their first year in the program, practitioners must report compliance with the standards over a 90-day period.

Practitioners who do so during 2011 or 2012 can earn up to $18,000 during their first year in the program.

Practice Maximus™ is a Windows-based software system. Its EHR module utilizes DrFirst's pharmaceutical e-prescribing portal and DropBox Internet file-sharing system. It is at least the 10th optometric EHR program to be certified for use in the federal incentive program (see box).

Established in 1977 by a group of independent eye care practitioners, Diversified Ophthalmics, Inc. offers a cooperative purchasing group, ophthalmic laboratories and other practitioner services.

For a limited time, Diversified will make Practice Maximus™ software, with the certified EHR component, available at substantial discounts to its purchasing group members who meet minimum monthly order requirements as well as to qualifying ophthalmic laboratory customers, according to a company spokesperson.

For additional information, see the Diversified Ophthalmics Web site (*www.divopt.com*).

Certified EHR systems for optometrists

- Compulink - Advantage/EHR 10
- Crystal Practice Management - Crystal Practice Management 3
- Diversified Ophthalmics – Practice Maximus Version 6
- EMRlogic Systems, activEHR™ 2011.1
- Eyefinity - OfficeMate/ExamWRITER 10.0
- First Insight Corp - MaximEyes SQL Electronic Health Records 1.1.0.0
- Health Innovation Technologies, Inc. - RevolutionEHR 5.1.0
- Medflow Electronic Health Records (EHR) Version 7.6
- QuikEyes, Inc. - QuikEyes Version 11.0
- Williams Group – Practice Director Version 4.0

AOA members can access online demonstrations for most of the above listed systems on the AOA Web site EHR page (*www.aoa.org/ehr*).

Medicare launches 2-year 'revalidation' program

Nearly all physicians who are now enrolled as health care providers under Medicare will be required to re-enroll by March 23, 2013, according to the U.S. Centers for Medicare & Medicaid Services (CMS).

Durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) suppliers, including optometrists who provide post-cataract eyeglasses for Medicare beneficiaries, will also have to re-enroll. All DMEPOS suppliers will be subject to a new $512 enrollment fee, according to the CMS.

The new "revalidation" mandate for all individual health care practitioners and entities in Medicare comes as part of a program, authorized under the federal Affordable Care Act (ACA) and implemented by the CMS in March of this year, to crack down on unscrupulous practices in the durable medical equipment industry (see *AOA News*, February 2011).

For most of the 30,000 optometrists who are enrolled as Medicare physicians, the new initiative will simply mean re-enrolling as Medicare physicians through the government health plan's Provider Enrollment, Chain and Ownership System (PECOS), the AOA Advocacy Group notes.

However, for about 15,000 optometrists who are also enrolled as DMEPOS suppliers, it will mean meeting new screening requirements and paying the new fee.

Only health care practitioners and DMEPOS suppliers who have enrolled in Medicare since March 25 when the CMS implemented the new ACA anti-fraud provisions – and who have therefore already met new screening standards – will not be required to re-enroll over the coming months.

The CMS' objective is to have all Medicare health care practitioners or entities validated under the terms of the program, over a two-year period – March 2011 to March 2013.

Part A/B Medicare Administrative Contractors (MACs), Durable Medical Equipment Medicare Administrative Contractors (DME MACs), and Medicare's National Supplier Clearinghouse will send notices regarding the revalidation program to enrolled Medicare physicians and suppliers over the next 18 months, according to the CMS.

Physicians and suppliers should not attempt to re-enroll in Medicare before receiving a notice.

Re-enrollment of virtually all Medicare practitioners and providers represents a major task that some believe could prove overwhelming for Medicare payment contractors. Some believe they will not be able to complete the re-enrollment process as planned over two years.

Administrative burden

Critics say the re-enrollment mandate imposes a needless and duplicative administrative burden on practitioners.

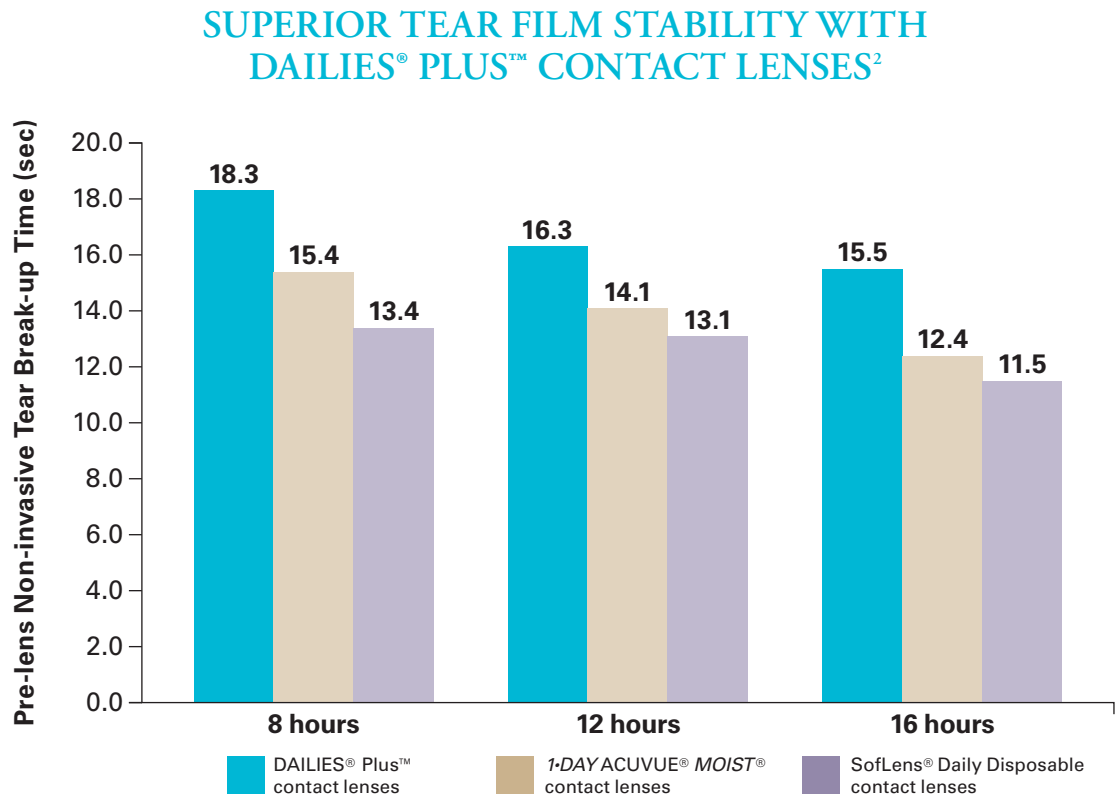
"CMS has made an administrative decision to require all individuals and entities to re-enroll within a two-year period even though most doctors and all DMEPOS suppliers already re-enrolled in the last couple of years," AOA Advocacy Group Director Jon Hymes noted.

Re-enrollment in Medicare through PECOS generally means at least a one- or two-month disruption in

See PECOS, page 19

Tear Film Stability by Design

By Peter Bergenske, OD, MS, FAAO, DIPL



Dr. Peter Bergenske, O.D., F.A.A.O., DIPL., is currently the Director of Professional and Clinical Support at CIBA VISION Corporation. Prior to joining CIBA VISION® he was the Director of Contact Lens Services at Pacific University. He is a graduate of the University of California, a past chair of the Section on Cornea and Contact Lenses of the American Academy of Optometry and a past president of the American Optometric Foundation. He has been a regular contributor to the contact lens literature and has lectured internationally on contact lens topics.

References: 1. Korb D, Greiner J, Glonek T. Tear film lipid layer formation: implications for contact lens wear. *Optom Vis Sci.* 1996;73:189-92. 2. Wolffsohn J, Hunt O. CA. Objective clinical performance of "comfort-enhanced" daily disposable soft contact lenses. *Cont Lens Anterior Eye.* 2010;33:88-92.

AOA 2011 Ready for School PR campaign message focuses on 3-D in the classroom

The 2011 AOA Ready for School campaign reached more than 5 million consumers with its focus on 3-D in the classroom last month.

James Sheedy, O.D., Ph.D., served as the spokesperson for a satellite media tour (SMT) in early August. He conducted 32 live and taped television and radio interviews. In addition to these live and recorded segments, Dr. Sheedy recorded a cable news segment that aired on DirectTV and a "webisode" for multimedia sites such as YouTube.

So far, there have been 55 SMT airings on 49 outlets with an audience of more than 5 million. The Internet Media Tour (IMT) portion had 644 Web site placements with 2,344 multimedia release views and 13,100 estimated views from video syndication.

Other highlights and follow-up from the SMT include:

- More than 65 percent of the interviews were in the top 50 media markets, including Get Connected with Conn Jackson (regional Atlanta), WCVB (ABC) in Boston and WJBK (Fox) in Detroit.
- Top TV hits include WWL (CBS), a local television station in New Orleans with an audience of more than 80,000 viewers.
- Top radio hits include Metro Networks, a national radio network with an audience of more than 2 million listeners.
- Top Web hits include Examiner.com, a Web site directed toward Chicagoans with an audience of more than 1.6 million visitors.

The AOA messaging pointed out that classrooms around the country are becoming increasingly high-tech, and teachers are incorporating 3-D imaging, digital devices and the latest computer applications into their daily curriculum. While these devices can greatly enhance learning, they also make of proper eye and vision care even more essential.

According to the AOA's 2011 American Eye-Q® survey, parents have some concerns about the effects of the evolving technology.

Fifty-three percent of respondents with children 18 or younger believe 3-D viewing is harmful to a child's vision or eyes, and 29 percent of parents feel very concerned that their children may damage their eyes due to prolonged use of computers or hand-held electronic devices.

"Today's classroom technology is extremely visual, making it critical for students to maintain excellent eye health," said Dr. Sheedy, an AOA technology and vision expert. "Binocular vision and focusing abilities, as well as nearsightedness and farsightedness, should be checked by an eye doctor yearly, particularly as students head back to school."

Fifty-three percent of respondents with children 18 or younger believe 3-D viewing is harmful to a child's vision or eyes, and 29 percent of parents feel very concerned that their children may damage their eyes due to prolonged use of computers or hand-held electronic devices.

Three-dimensional imaging is a technology that is quickly making its way into the classroom, allowing for virtual tours of museums or views from inside the human heart. But not everyone can see in 3-D, and some children experience problems.

Ten percent of survey respondents report their children experienced headaches; 7 percent indicated nausea; and 6 percent said their kids felt dizzy after using 3-D technology. Furthermore, the AOA estimates anywhere from 3 million to 9 million people have problems with binocular vision, prohibiting them from seeing 3-D images.

"Quite simply, people who have even a small vision misalignment or those who don't have equal vision in both eyes may not be able to see 3-D images properly," said Dr. Sheedy. "Watching images in 3-D can unmask issues such as lazy eye, convergence insufficiency, poor focusing skills and other visual problems students might not have previously known existed."

Undetected visual problems that affect the ability to see in 3-D can also have an impact on students' future careers.

The 3D@Home Consortium, in partnership with the AOA, has developed a list of professions in which 3-D vision, tools and design are, or will be, used frequently to complete tasks or projects. The list includes professions ranging from astronomers to surgeons, engineers to forensic scientists.

According to a new report from the AOA, research on the learning benefits of using 3-D in the classroom is still in its infancy, but early findings indicate that focus, attention span, retention, classroom behavior, and achievement gains are all seeing improvement.

The report, "3D in the Classroom – An AOA Report" was developed in collaboration with educators, vision researchers and specialist advisers from across the 3-D industry. It's designed for teachers, students and parents and explains the optimal uses of 3-D in the classroom.

The use of 3-D imagery in schools compounds the already high usage of computer technology in today's classroom.

State-of-the-art computer labs are now mainstream at many schools; students often use laptops, tablets and other digital devices throughout the school day.

According to the AOA's American Eye-Q® survey, 62 percent of parents estimate their child spends one to four hours using a computer, video game, mp3 player or hand-held electronic device each day.

Unfortunately, prolonged use of these technologies can cause eye strain, headaches, fatigue, burning or tired eyes, loss of focus, blurred vision, double vision or head and neck pain. This condition is called computer vision syndrome (CVS). CVS occurs when eye or vision problems related to near work are experienced during or related to using digital devices.

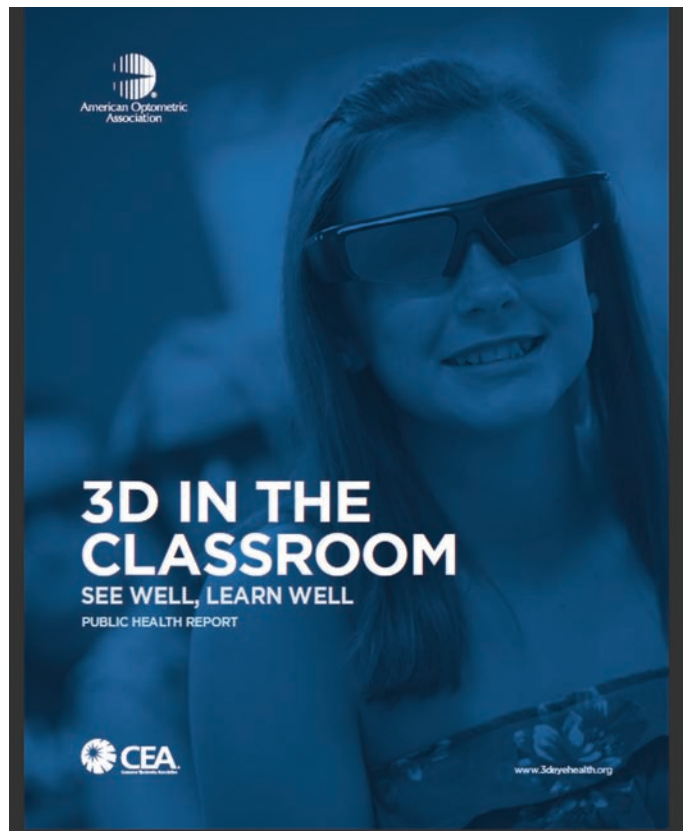
"The continued popularity and use of computers and digital devices in the classroom certainly poses a number of challenges to the visual system," said Dr. Sheedy. "Many of these issues can be solved with good ergonomics and yearly, comprehensive eye exams by an optometrist."

Students can help avoid CVS by practicing the 20-20-20 rule. At least every 20 minutes, take a 20-second break and view something 20 feet away. Studies show that people need to rest their eyes to keep them moist. Plus, staring off into the distance helps the eyes from locking into a close-up position. The AOA further recommends that students take a 15-minute break for every two hours spent on computers or other digital devices.

Early detection and treatment are key in correcting vision problems and helping students see clearly.

For more information on 3-D vision, or to download a copy of "3D in the Classroom – An AOA Report," visit *www.3deyehealth.org*.

For additional information on children's vision and the importance of back-to-school eye exams, visit *www.aoa.org*.



"3D in the Classroom – An AOA Report" was developed in collaboration with educators, vision researchers and specialist advisers from across the 3-D industry.

For optometrists, by optometrists.

If your malpractice insurance company can't check the boxes, then you have the wrong insurance company.

No matter how cautious your approach to treating your patients, and how carefully you follow procedure, you can't ignore the chance that an outcome won't turn out as expected. If that happens, you want the comfort of knowing your malpractice insurance has you covered.

With the AOA Insurance Alliance you are covered for the full extent of services you offer and procedures you perform (unlike some others who exclude common procedures such as foreign body removal). With unprecedented involvement of AOA member optometrists and an insurance carrier devoted exclusively to covering and defending medical malpractice claims, the AOA Insurance Alliance will treat you with the care and compassion you'll need if a malpractice claim is made against you. That's something not all insurance companies can attest to.

If your malpractice insurance renews soon — don't wait — visit our enrollment center now to secure your AOA endorsed malpractice coverage.

- **Covers you for full scope of practice coverage today, and as your practice grows**
- **Optometrist involvement in coverage and rate setting committees**
- **Devoted exclusively to covering and defending medical malpractice claims**

The AOA Insurance Alliance has you covered!

www.aoainsurancealliance.com

get a free quote | purchase coverage conveniently online
receive certificate of insurance immediately via email

Scan this code with the QR Reader on your smartphone to learn more.

To speak with a program representative regarding malpracitce coverage or business owners insurance for your practice call (888) 343-1998. Coverage endorsed by AOA now and previously are both written on an occurrence basis; therefore, members should have no concerns about inadvertent coverage gaps caused solely by switching carriers.

Program underwriter varies by state and is either PACO Assurance Company, Inc. (A- Excellent rating by A.M. Best), ProAssurance Indemnity Company, Inc., or PICA (A Excellent rating by A.M. Best). The AOA Insurance Alliance is administered by Lockton Risk Services.

ProAssurance Treated Fairly

Lockton Affinity

AOA's School Readiness Summit receives national association award for efforts to challenge status quo

The AOA's School Readiness Summit: Focus on Vision has been recognized by a leading national organization for its efforts to address high rates of vision disorders among America's school-age children and for working to replace a broken vision screening system that is leaving millions of children to endure the effects of diseases that are treatable and vision loss that is preventable.

Last month, the American Society of Association Executives (ASAE) – a leading national organization representing nearly 11,000 associations across the county – conferred its "Power of A" Silver Award on the AOA's School Readiness Summit for its work aimed at "enriching lives, creating a competitive workforce, preparing society for the future, and making the world a better place."

"With millions of children now suffering from undetected or untreated vision problems, the AOA and its partners are more determined than ever to do whatever it takes to ensure that our children have the tools needed to succeed in school and later in life."

The ASAE Power of A Award is part of the organization's larger awareness campaign, which seeks to educate and inform policymakers about the wealth of resources and expertise in the association community. Overall, the "Power of A" campaign serves as a platform to communicate the role of associations in building a stronger America.

"The AOA proudly accepts the 2011 ASAE 'Power of A' Silver Award on behalf of all AOA members as well as the dozens of other doctors, nurses, educators and child health advocates who played a key role in helping us make the School Readiness Summit the success that it needed to be," said AOA President Dori Carlson, O.D.

With considerable support from HOYA Vision Care, the AOA gathered together an interdisciplinary group of child health and education experts for the first-ever School Readiness Summit: Focus on Vision. Held near the AOA's metropolitan Washington, D.C., office, the nearly 50 summit participants are recognized experts in their respective fields – including an assistant secretary at the U.S. Department of Education.

The two-day session examined high rates of learning-related vision issues now plaguing America's children. And at its conclusion, summit leaders issued a bold healthy vision and learning blueprint aimed at replacing a broken vision screening system with a new approach that recognizes the superior results from early and continuous comprehensive eye exams.

Now signed by 27 leading national health care and education groups, the Summit's Joint Statement backs "comprehensive eye exams for school-aged children as a foundation for a coordinated and improved approach to addressing children's vision and eye health issues and as a key element of ensuring school readiness in American children."

The School Readiness Summit Joint Statement and an updated list of signers can be found on the AOA's Web site at: *http://www.aoa.org/documents/Joint_Statement.pdf*.

"With millions of children now suffering from undetected or untreated vision problems, the AOA and its partners are more determined than ever to do whatever it takes to ensure that our children have the tools needed to succeed in school and later in life," added Dr. Carlson. "Being awarded the ASAE 'Power of A' Award shows that AOA and our partners are helping to make a difference in the lives of children across the nation. But, we also know that, if we are going to reach the millions of children now struggling in school due to an untreated or undiagnosed eye or vision problem, there is still much work to be done."

For complete School Readiness Summit: Focus on Vision coverage, follow *www.aoa.org/x18280.xml*.

To view School Readiness Summit video highlights, follow *www.youtube.com/watch?v=nm_TsN0lNJo*.

States recognize ODs and young optometrists of the year

ODs of the Year

Rodney L. White, O.D.
Idaho Optometric Physicians

Dr. White graduated from Pacific University College of Optometry in 1996 with distinction. He is a member of the Idaho State Board of Optometry, Idaho Optometric Physicians and the AOA. Dr. White is a partner in Advanced Eye Care, a private-practice group in Nampa, Idaho.

Michael Bennett, O.D.
Oklahoma Association of Optometric Physicians

Dr. Bennett is a graduate of Northeastern State University College of Optometry (NSUCO). He was named Young OD of the Year by the Oklahoma Association of Optometric Physicians in 1991 and the Alumnus of the Year for NSUCO in 1992. Dr. Bennett practices in Guthrie, Okla.

Stephen Montaquila, O.D.
Rhode Island Optometric Association

A 1994 graduate of the New England College of Optometry, Dr. Montaquila spearheaded efforts to achieve a significant expansion of Rhode Island's practice act during his term as president of the RIOA. This year, in addition to his work as chair of the AOA Third Party Executive Committee, he successfully led the association's efforts to place into state statute specific language forbidding health insurers from mandating that optometrists must enroll in a discount vision care plan in order to see, treat and care for patients that present medical conditions.

Blaine F. Bird, O.D.
Utah Optometric Association

Dr. Bird is a graduate of the University of Houston. He serves as vice president of legislation on the Utah Optometric Association Board of Directors where he has played a key role in advancing and defending optometry in Utah. This is the second consecutive year Dr. Bird has received the prestigious OD of the Year award.

Young ODs of the Year

David Jones, O.D.
Oklahoma Association of Optometric Physicians

Dr. Jones is a graduate of Northeastern State University College of Optometry (NSUCO). He is the director of the Oklahoma Association of Optometric Physicians District 8. He practices in Woodward and Shattuck, Okla.

Scott Kennedy, O.D.
South Dakota Optometric Society

Dr. Kennedy received his

See ODs, next page

Send letters to:

Editor, AOA News
243 N. Lindbergh Blvd.,
St. Louis MO 63141
TLOverton@aoa.org

The AOA News reserves the right to edit letters submitted for publication.

PECOS,

from page 14

payments for established Medicare practitioners.

Physicians are specifically exempted from the new screening fee under law. Optometrists are recognized as physicians under Medicare.

However, post-cataract eyeglasses are considered prosthetics under Medicare. That means optometrists who provide cataract eyeglasses for Medicare patients must enroll as DMEPOS suppliers and are therefore subject to the new screening criteria and fee.

The screening requirements include a site visit by inspectors, and, for newly enrolling suppliers, fingerprinting and criminal background checks.

When enacted last year, the ACA set the application fee at $500, authorizing increases, based on the Consumer Price Index, each year thereafter. The fee is set at $512 this year with increases anticipated annually. Physicians will pay the new fee using *Pay.gov*, a new online payment mechanism developed by the U.S. Treasury.

For more information, see "HHS anti-fraud program to mean new scrutiny, fees for physicians" in the March edition of *AOA News* (*http://news fromaoa.org/2011/03/04/hhs-anti-fraud-program-to-mean-new-scrutiny-fees-for-physicians-2/*) or the Medicare Learning Network article "Further Details on the Revalidation of Provider Enrollment Information" (*https://www.cms.gov/MLNMattersArticles/downloads/SE1126.pdf*).

ODs,

from previous page

Doctorate in Optometry from the Illinois College of Optometry in 2002. He has been a member of the South Dakota Optometric Society (SDOS) since 2002. Dr. Kennedy has been a member of the Third Party Insurance Committee for five years and served as co-chairman for three of those years. He was also elected to the SDOS Board of Directors in April 2010 and serves as vice president. Dr. Kennedy practices in Spearfish, S.D. He and his wife, Dawn, have a daughter, Alison.

Craig Poulter, O.D.
Utah Optometric Association

Dr. Poulter serves as a trustee on the Utah Optometric Association Board of Directors and is in line for the position of vice president of finance. He graduated from the Southern California College of Optometry in 2008. He resides with his wife and family in West Jordan, Utah, where he practices in a group setting.

New help for patients with dry eye, Sjögren's syndrome

Patients with dry eye might have Sjögren's syndrome. Dry eye is a leading symptom of this prevalent autoimmune disease that affects 4 million Americans.

As symptoms of Sjögren's syndrome mimic other conditions and diseases, Sjögren's can often be overlooked or misdiagnosed.

On average, it takes nearly seven years to receive a diagnosis of Sjögren's syndrome.

Complimentary materials on dry eye and Sjögren's are available from the Sjögren's Syndrome Foundation (SSF) for all optometrists and other health care providers

SSF can provide the following free of charge:

- A subscription to the *Sjögren's Quarterly* – The professionals' resource on Sjögren's, this newsletter provides the latest news on Sjögren's and clinical guidance on diagnosing, treating and managing patients
- Brochures on dry eye and Sjögren's for the office
- Sjögren's Syndrome: A Place to Begin – This DVD for newly diagnosed patients includes the stories of three patients and experts

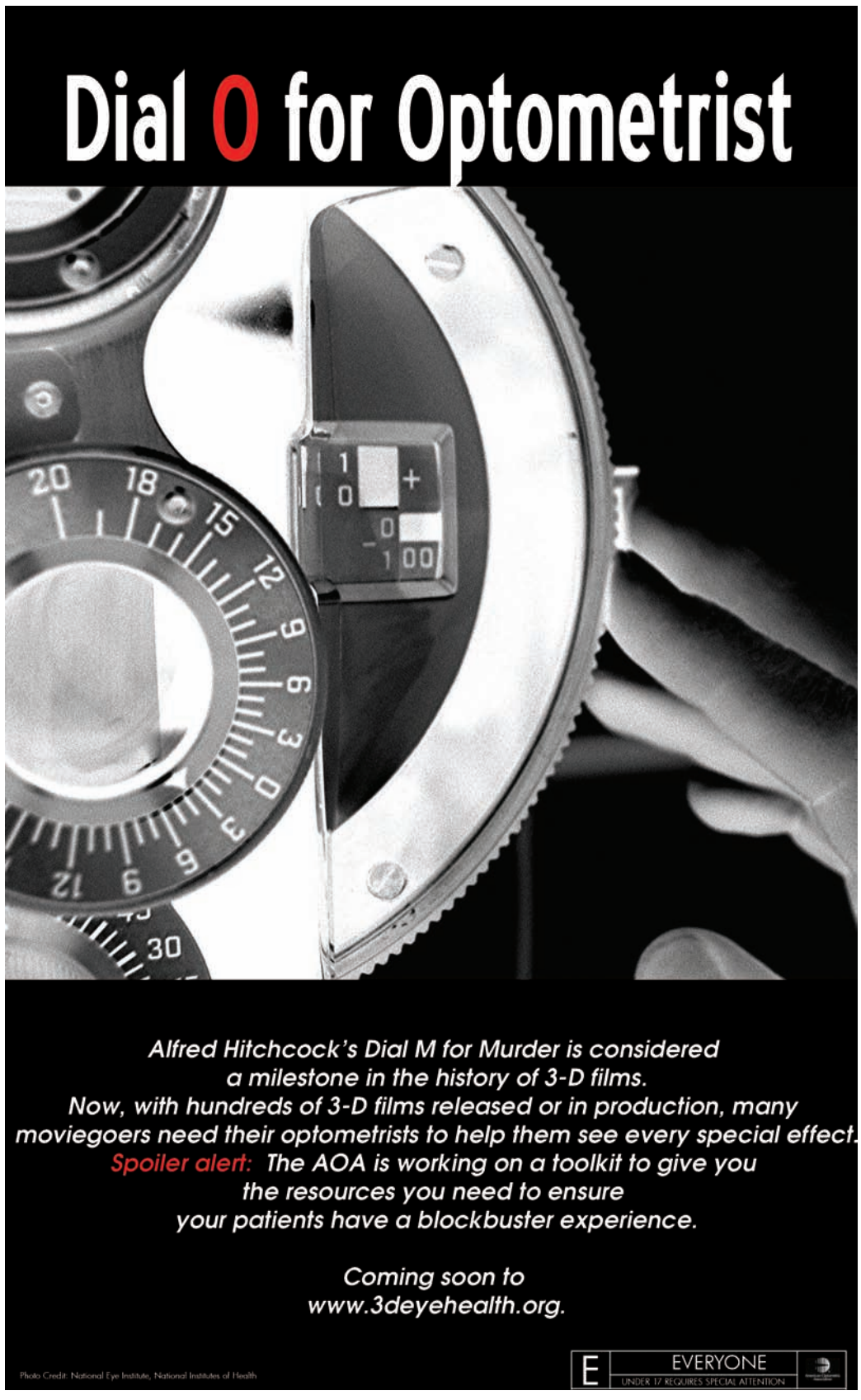
Other educational materials and opportunities are also available from the Sjögren's Syndrome Foundation.

Additional and sign-up information is available at *http://www.sjogrens.org/home/about-sjogrens-syndrome/healthcare-providers* or by calling 800-475-6473.

The Sjögren's Syndrome Foundation is dedicated to providing health care professionals with the most up-to-date information and tools needed to help diagnose Sjögren's and manage its complications for affected patients.

The foundation's mission is to:

- Educate patients and their families about Sjögren's syndrome.
- Increase public and professional awareness of Sjögren's syndrome.
- Encourage research into new treatments and a cure.



AOA helps diabetes educators educate themselves, others

Last month's annual American Association of Diabetes Educators (AADE) Conference provided a forum for optometrists to educate attendees on eye disease and diabetes.

More than 3,500 diabetes educators and 2,000 exhibitors, including the AOA, gathered in Las Vegas for education, career development, and networking.

The AOA Healthy Eyes Healthy People® booth was staffed by Tina MacDonald, O.D., a certified diabetes educator; Kathy Phan, O.D.; and Danette Miller, AOA staff member.

Patient education resources for diabetes-related eye disease were distributed at the booth. At times, attendees were lined up three deep waiting to learn more about resources the AOA has to offer.

The AOA's Healthy Eyes Healthy People® booth offered the following patient education resources for diabetes-related eye disease:

- CD with the following downloadable files
  - AOA Eye Disease Management Sheets for Diabetic Retinopathy, Glaucoma, Cataracts, Macular Degeneration
  - AOA Information Sheets – How are Eyes & Diabetes Connected; Vision Problems Caused by Diabetes; and What Does My Optometrist See
  - Schematic Section of the Human Eye
  - PDF files from U.S. Department of Health & Human Services – Diabetic Retinopathy, What you Should Know; Educating Your Community about Diabetic Retinopathy; Don't Lose Sight of Diabetic Eye Disease
  - PDF files from National Eye Health Education Program – An Educator's Guide to Diabetic Eye Disease
- Vision Simulator Cards
- Diabetes Health Information Wallet Cards in English and Spanish
- AOA Diabetic Resources Order Form (offering a discount for AADE Conference attendee's until Sept. 15).

"Of all the handouts, giveaways and exhibits represented here, the resource CD from the AOA is the most beneficial piece of information we as diabetes educators can take home," said Joan Stollberger of Commack, N.Y. "This is such a useful tool. Thank you for being here."

Roger Phelps, O.D., also helped get optometry in the spotlight. He presented a workshop titled "Preventing Blindness in your Patients with Diabetes or Pre-diabetes."

Check out the related article on Dr. MacDonald on page 31.

President,

from page 4

growth.

But don't stop there. As I mentioned earlier about the optometrist who was unaware of his chair cost per hour, the AOA Chair Cost Calculator, an interactive Web site feature, allows optometrists to easily determine a doctor's average overhead costs per hour of patient care. (*www.aoa.org/x9619.xml*).

This advice applies to students as well. Do you need that car? Gaming system? Designer purse?

How you spend money today will impact your financial future.

And don't overlook your overall attitude toward money and finances.

If you know you need to develop better saving and spending habits, it's not too late to start.

Learn all you can about the business side of optometry before you get into business.

I know that balancing patient care with the business side of optometry is a challenge, but it can be done.

It doesn't matter where you work. Even employed doctors need to know how they contribute to the practice.

Every OD needs to make informed business decisions about all aspects of their practice. You need to stay current on sound business management techniques. Use the resources mentioned here. Take a class. Read a book. Sign up for consulting services. Because at the end of the day, you want to know if it really pays to sign up for the plan that reimburses you less than your chair cost.

As my Dad would say, "They can never take away your education." Yes, Pop! You'd be happy to know I've told my boys.

Dori Carlson, O.D.
AOA president

Task force reaffirms recommendation on preventive medication for gonococcal ophthalmia neonatorum

The U.S. Preventive Services Task Force (USPSTF) has reaffirmed its 2005 recommendation that all newborns should receive topical eye medication for the prevention of gonococcal ophthalmia neonatorum within 24 hours of birth. This is a Grade A recommendation.

The USPSTF concluded that there was no evidence of harms associated with the treatment, and the evidence showed a clear benefit to offering the preventive measure to all newborns.

Gonococcal ophthalmia neonatorum develops in approximately 28 percent of infants born to women with gonorrheal disease in the United States. Identifying and treating the infection is important because gonococcal ophthalmia neonatorum can result in corneal scarring, ocular perforation, and blindness.

All newborns should receive prophylaxis, according to the USPSTF. However, some newborns are at increased risk, including those with a maternal history of no prenatal care, sexually transmitted infections, or substance abuse.

The recommendation is available at *http://www.uspreventiveservicestaskforce.org/uspstf10/gonoculproph/gonocuprs.htm*.

The USPSTF is a national, independent panel of nonfederal medical experts that makes recommendations based on scientific evidence to primary care doctors and other health care providers about which clinical preventive services they should offer their patients.

Remembering a CL, practice management pioneer

Long regarded as a central figure in the introduction of the contact lens to eye and vision care, Robert A. Koetting, O.D., is also being remembered a practice management innovator, inventor, writer, editor, lecturer, volunteer, and a supporter of optometric education and the arts.

Dr. Koetting, the AOA's 1999 Optometrist of the Year, passed away Aug. 7 in the Dallas, Texas, area where he had resided for the past three years to be near his daughter.

During his more than 50 years in eye and vision care, Dr. Koetting and his suburban St. Louis practice, The Koetting Associates, became virtually synonymous with contact lenses. He helped introduce the lenses to the U.S. market and established himself as an internationally recognized contact lens expert.

However, Dr. Koetting was also a leader in the application of business and marketing principles to optometric practice.

He established The Koetting Associates as one of the nation's first high-prestige optometric practices, featuring the latest in ophthalmic instrumentation, extensive use of staff to provide high-order patient service, and contact lens examinations that routinely lasted two hours.

Dr. Koetting was among the first optometrists to utilize paraoptometrics to improve patient volume and practice efficiency – a controversial move at the time. He was known for recognizing and rewarding his staff as valued members of his practice.

He regularly updated his practice with the latest in ophthalmic technology. He further enhanced the practice's image with extensive use of fine art in the office. Dr. Koetting's advertisements on the area's dominant radio station, KMOX, became fixtures in the station's broadcasts.

As word of the highly successful practice spread, Dr. Koetting gained a reputation as one of optometry's first practice management experts. In addition to writing and lecturing extensively on contact lenses, he authored three highly popular books and numerous articles on practice management and became a sought-after speaker on the topic.

"Robert Koetting helped 'move the clock' of our profession and our association in the struggling early years, the era when the profession was striving for recognition. And he has continued to 'move the clock' for five decades by setting an example for others to emulate and follow," wrote Irving Bennett, O.D., in nominating Dr. Koetting for the AOA Optometrist of the Year award.

A family of innovators

A third-generation vision care practitioner, Dr. Koetting was born into one of optometry's first families. His family's practice was originally established as a watch and jewelry store in Ste. Genevieve, Mo., in 1887 (coincidentally, the year the contact lens was invented). As the Koettings moved increasingly into vision care, and moved their operations to the larger city of St. Louis, they earned a reputation for innovation and sound business management.

Dr. Robert Koetting's father, Felix Koetting, O.D., offered pediatric optometry and vision therapy as early as 1936.

The practice grew rapidly by providing on-site industrial optometric service and safety eyewear for businesses locally and around the nation.

On joining the family practice in 1947, Dr. Koetting developed an interest in the emerging field of contact lenses. The first plastic contact lens had been developed just a few years earlier in 1939. The modern contact lens, covering only the cornea, would be developed a year later in 1948. The lenses proved popular with the practice's patients.

Dr. Koetting quickly established an international reputation as an expert on the application of the lenses in practice. Throughout his career, he would write and lecture on contact lens topics, serve as consultant to the contact lens industry, and serve as an officer and active member of optometric and contact lens organizations. He developed and patented the Tachistoscreen (1959) for the early detection of vision field anomalies, an inexpensive slit lamp for contact lens practitioners and other devices to aid in the prescribing of contact lenses. By the mid-1960s, he had written the first paper on the effects of oral contraceptives on contact lens wear.

In 1961, Dr. Koetting left the family business to establish his own office, one of the first optometric practices devoted exclusively to contact lenses. In 1976, the practice was moved to a prestigious area in St. Louis and was renamed "The Koetting Associates." Though Dr. Koetting retired from active practice in 1986, The Koetting Associates continues to thrive under the same name today.

Awards and honors

In all, Dr. Koetting authored more than 350 articles and scientific papers and lectured at major eye care meetings in 20 countries. He also authored a total of five books and contributed to four more. He served as editor, editorial consultant or reviewer for more than a dozen publications

Dr. Koetting was the only person to simultaneously chair the Contact Lens and Cornea Section of the AOA and the Cornea and Contact Lens Section of the American Academy of Optometry. He was named the AOA Contact Lens Person of the Year in 1988.

The Koetting family optometrists are shown. From left, James Koetting, O.D., Felix Koetting, O.D., and Robert Koetting, O.D.

The consummate volunteer, Dr. Koetting was a Life Fellow of the American Academy of Optometry, a life member of AOA, life member and president of the American Optometric Foundation, officer of the American Society of Contact Lens Specialists, chair of the Bausch+Lomb Specialty Lens Panel, Beta Sigma Kappa Distinguished Practitioner, director of the Better Vision Institute, president and director of the Friends of the International Library, Archives, and Museum of Optometry, and president of the Heart of America Contact Lens Society. He was also a founding member of the International Society for Contact Lens Research, a member of the International Society of Contact Lens Specialists, a member of the InVision Institute Scientific Advisory Board, a National Academies of Practice Distinguished Practitioner, director of the National Eye Research Foundation, as well as president of the Optometric Center of St. Louis and Optometric Editors Association.

Over the years, Dr. Koetting received the Boys Town of Missouri Service Award, St. Louis Chapter of the American Business Women's Association Boss of the Year, Heart of America Contact Lens Society Optometrist of Year (1967) and Vision Service Award (1993), International Society of Contact Lens Specialists Herschel Medal (1991), Inventors Association of St. Louis president emeritus (1989), Missouri Optometric Association Optometrist of Year (1978), commendations from then-Missouri Gov. Mel Carnahan (1995) and the Missouri House of Representatives (1985), four top awards from the National Eye Research Foundation, the Pennsylvania College of Optometry John C. Neill Memorial Award (1989), Southern College of Optometry (SCO) Outstanding Alumnus Award (1989), St. Louis Optometric Society Lifetime Achievement Award (1996), the United Inventors of America Hero of Invention Award and honors from St. Louis University, the University of Houston College of Optometry and University of Missouri-St. Louis College of Optometry.

Dr. Koetting was widely known as a supporter of the arts, serving on many boards including those of the St. Louis Symphony Orchestra, St. Louis Artists Guild, and St. Louis Center for

See Koetting, next page

Optometry Cares® calls for Optometry Hall of Fame nominations

Nominations for the 2012 National Optometry Hall of Fame are now being accepted. The National Optometry Hall of Fame highlights the luminaries within the field of optometry—individuals who have made a significant and long-lasting impact on the profession.

2012 Nomination forms can be downloaded from *http://www.aoa.org/x18530.xml* or obtained by sending an e-mail request to *Foundation@aoa.org* and placing "2012 Nomination Form" in the subject line.

The selection criteria include:

- Nominees should be recognizable through their national stature.
- Nominees should have had a significant and enduring impact on the profession.
- A nominee's full range of contributions should be represented, e.g., professional leadership, academic leadership, and research contributions, as well as other areas of significance.
- Diversity should be considered in the selection process.
- A balance of historical and current (but very well established) achievements should be considered.

Nomination forms and supporting documentation for candidates to be considered should be e-mailed to *Foundation@aoa.org* or mailed to: National Optometry Hall of Fame, 243 N. Lindbergh Blvd., St. Louis, MO 63141.

The deadline for nominations is Dec. 1, 2011.

New inductees are determined by a selection committee that represents the AOA, Association of Schools and Colleges of Optometry (ASCO); the College of Optometrists in Vision Development (COVD); the National Optometric Association (NOA); and the American Academy of Optometry (AAO).

Inductees will be honored at Optometry's Meeting® in June 2012 to be held in Chicago. Visit *www.optometrysmeeting.org* for more.

Missing: April 1987 issue of AOA News

This is a plea to all AOA members to look for a missing issue of the *AOA News*. The Archives is in need of an original copy of the April 1, 1987, issue (vol. 25, no. 29). Our collection is complete except for that one missing issue. Surely there are some savers and pack-rats out there who might still have this newspaper and would be willing to donate it. It's a valuable part of AOA and optometric history, and the Archives would love to get an original for the collection. Contact Linda at *ljdraper@aoa.org*, or send to The Archives & Museum of Optometry, 243 N. Lindbergh Blvd., St. Louis, MO 63141.

Leaders of the past

For three days prior to the opening of the convention proper, attendees of the 16th annual convention of the AOA in Rochester, N.Y., were invited to participate in postgraduate lectures presented by the Scientific Section.

Eighty-five members sat under the excellent instruction of men whose names have become well-known in optometry history: Drs. Andrew J. Cross, Frederick A. Woll, John C. Eberhardt. Joining these men was Earl J. Brown, M.D., who spoke on the appearance and symptoms of diseases as observed in the eyes and stated the importance of having optometrists able to detect pathological conditions.

The instructors are front and center in the photograph, which includes several other leaders of the profession.

Koetting,

from previous page

International Relations. He devoted much of his time to community organizations and activities. He was active in more than 40 civic or public service organizations.

A 1947 graduate of SCO, Dr. Koetting was instrumental in establishing the University of Missouri-St. Louis School of Optometry as well as the Robert A. Koetting Scholarship Funds there and at St. Louis University where he pursued his pre-optometry training.

Dr. Koetting was the father of Linda L. (Charles) Whitney, of Grapevine, Texas, Robert R. (Summer) and Thomas T. (Laurie) Koetting. He was brother of Mary Ann (James) Neville of Fredericktown, Mo.; the late James F. Koetting, O.D., of Kerrville, Texas, and brother-in-law to Betty Koetting. He had seven grandchildren and five great grandchildren.

A private burial was held in Ste. Genevieve, Mo. Memorials may be sent to the St. Louis University R.A. Koetting Scholarship Fund, the University of Missouri-St. Louis College of Optometry R. A. Koetting Scholarship Fund, Optometry's Cares® - The AOA Foundation, or a charity of choice.

OD offers tips on creating associate agreement

By Chad Fleming, O.D., Practice Advancement Committee member

Relationships create the foundation for a successful business. A partnership is much like a marriage, and unfortunately many marriages do not follow through on the "'til death do us part."

I've been happily married for 15 years and would definitely say one of the biggest components to the success of our marriage has been open communication. This is no different in a business partnership or associateship.

I currently practice with two other partners, and recently my wife and I had the privilege of spending the evening in the company of one of my business partners and his wife. After enjoying some sushi, we bought the women some ice cream and headed back to my partner's home to discuss the practice.

There is much to say about getting away from the office and communicating about the culture of the office. In short, our time was beneficial to not only build our relationship but talk through our differences and dream about what lies ahead. Reflecting on the practice, we reminisced about bringing in an associate one year ago and the keys to the success of the relationship. Although our relationship continues as a successful one, not all relationships are so fortunate.

Numerous inquiries have landed in my inbox about associates and how to bring them into an optometric practice. Bringing in an associate can be risky, but with great risk comes great reward. If one has the right associate, he or she can bring leadership, management, new ideas, and many more things to help the practice excel. Not only is finding the right fit important, but laying

See Agreement, page 26

Finding the perfect fit just got easier.

www.optometryscareercenter.org

Free to all members, Optometry's Career Center® (OCC), the premier professional development resource for optometry, provides optometrists access to opportunities throughout the practice lifecycle.

- **Post Your Resume**
- **Search for the Perfect Opportunity**
- **Find a Practice to Purchase**
- **Post Staffing Opportunities**
- **Advertise Your Practice for Sale**

Optometry's Career Center®
AOA'S PREMIER PROFESSIONAL DEVELOPMENT RESOURCE

Supported by: MARCHON®

'Ask the Codeheads'

Now is the time for apathy!
ICD-10 to replace ICD-9 for reporting services rendered after Sept. 30, 2013

Edited by Chuck Brownlow, O.D., Medical Records consultant

There is already much information available for the guaranteed arrival of the new diagnosis coding system, ICD-10. Effective Oct. 1, 2013, just over two years from now, all diagnosis reporting on all claims for Medicare and all other insurers in the United States will be based upon ICD-10.

On that day, ICD-9 will be obsolete and will be used only for claims for services provided on or before Sept. 30, 2013. All claims for services provided on or after Oct. 1, 2013, must be submitted using diagnosis codes from ICD-10.

The Centers for Medicare & Medicare Services (CMS) has made it clear that there will be no grace periods, no extensions and no exemptions… All claims submitted to any payer on or after Oct.1, 2013, must utilize ICD-10.

So what is all the hubbub about? In short, the venerable, familiar ICD-9 is going away, and it will be replaced with a new system of reporting diagnoses, ICD-10.

ICD-10 resembles ICD-9 only in that it provides codes that correspond to the diseases and conditions with which patients present.

There will be no further delays or changes. ICD-10 is rock solid, and the implementation date will not be changed. The rest of the developed world has been using ICD-10 for years, and the United States will definitely be using it too, beginning Oct. 1, 2013.

The rest of the developed world has been using ICD-10 for years, and the United States will definitely be using it too, beginning Oct. 1, 2013.

For the rare practitioner who decides not to be apathetic, there are already many resources available (e.g., *www.cms.gov/ICD10* and *www.aoa.org/coding*).

Taking the first steps at education now will permit practitioners to get the jump on tens of thousands of providers who will be waiting until next summer to begin their ICD-10 education. Even then, by beginning in the summer or fall of 2012, practitioners will have a full year to prepare. At that point, one had better be serious about education and implementation strategies.

Doing a little research on ICD-10 early may help providers understand that the benefits could outweigh the drawbacks. For example, the diagnosis codes used in eye care will be easier to find and be more logical, grouped by the anatomical site, rather than by the type of disease or injury.

It is also expected the enhanced specificity permitted by ICD-10 will result in fewer inappropriate rejections of claims and calls for supporting documentation by payers; the codes themselves will automatically provide more details.

The CMS even provides a set of examples for understanding how a current ICD - 9 code will appear in the new ICD-10 system. That should assist doctors and key staff in making the transition when the time comes.

Note: ICD-10 is totally unrelated to "Version 5010," and the deadlines are not the same.

Possibly because the number 10 appears in both of these changes and possibly because both are related to submitting claims, there has been a lot of confusion about their respective details, implementation dates, etc.

Version 5010 refers to the new requirements for the electronic submission of claims.

It will replace Version

See Codeheads, page 30

ICD-9 (Use for services provided before Oct. 1, 2013)	*ICD-10 (Use for services provided after Sept. 30, 2013)*
Five-digit numerical codes for diseases; e.g. 365.11	Three to seven characters, letters plus numbers
Alpha-numeric codes for supplementary information; V codes for factors, E codes for pharmaceuticals, causes, etc.	Supplementary information will be incorporated in the three to seven characters of ICD-10 code; no need for the E and V codes.
Total codes in ICD-9: approximately 14,000	Total possible code combinations in ICD-10: more than 70,000!
Most code choices made by hand, referring to ICD-9 listing, manual, etc.	Code choices will be probably be computer-aided, incorporating many factors related to the case
Codes are disease-related or process-related	Codes are based on anatomical site, complicating conditions, symptoms/complaints, whether it is new or follow-up visit, causes of the condition/complications
Codes are general, leading to disagreements between providers and payers	Codes are far more detailed and specific, including more details for clearer communication with payers.

ICD-10 is totally different than ICD-9 in several important ways.

AOA Coding Resources

The following resources are available to AOA members through the AOA's Clinical & Practice Advancement Group:

- AOA.org/Coding features a "Frequently Asked Questions" section for members only, providing questions asked by AOA members and the answers provided by AOA volunteers and staff.
- AskTheCodingExperts@AOA.org offers AOA members the opportunity to e-mail their coding question and have it answered by an AOA staff or volunteer who is very knowledgeable in medical records and coding.
- AOA Coding Webinars are provided as an AOA member-only benefit to educate doctors and staff on medical recording keeping and coding.
- AOAConnect is a social networking site and features a Coding & Billing Group where AOA members, students, volunteers and staff can share information that specifically relates to coding and billing (*connect.aoa.org*).
- AOACodingToday.com is an AOA member-only benefit available to all AOA members at no cost (previously $349). CodingToday.com is a Web-based resource for information related to procedure and diagnosis codes, national and local coverage rules, and Medicare relative value information.
- AOA.ReimbursementPlus.com Suite, a customized version of the industry-leading CPT Data & Information Service, ReimbursementPlus® is the leading cloud-based service for any information related to procedure and diagnosis codes, fee analysis, CMS reimbursements, national and located coverage rules, CCI edits and any other CPT information desired, all specific to the practitioner's ZIP code.
- Codes for Optometry is provided by the AOA's Order Department for $135. It is a two-volume set including Current Procedural Terminology© and a separate volume of diagnosis codes used in eye care, Medicare's Correct Coding Initiative, the HCPCS codes for reporting materials in Medicare, and the Documentation Guidelines for the Evaluation and Management Services. 2011 is the first year that Codes for Optometry became available on a CD in a searchable format.
- *Optometry: Journal of the AOA*, will continue to feature articles on these topics in its Practice Strategies section.
- Paraoptometric Coding Certification is available through the Commission on Paraoptometric Certification by contacting *cpc@aoa.org* or calling 800-365-2219, ext. 4210.

AOA volunteers and staff have always been devoted to assisting members in dealing with the challenges of everyday practice life, including those related to insurance programs. Much of these benefits are provided at no cost or at greatly reduced cost to AOA members.

Group offers tips on dealing with employee conflict

Those who grew up with siblings can probably remember a time when someone went to mom or dad and complained that "she's looking at me" or "he took my toy." Conflict is a part of life. But when serving as office managers, dealing with employee conflict can be very frustrating and time-consuming, particularly if they are not equipped to deal with it. A recent survey of 1,000 managers revealed an average of 18 percent of their time is spent managing employee conflicts. That equates to nearly one day every week.

In a Utopian world, only employees who can get along would be hired to work together. In the absence of perfection, trained hiring managers can steer creation of a team by first conducting a good interview. Asking prospective employees about how they feel about working as part of a team and how they have contributed in team situations with prior employers can reveal how likely a person is to fit into your workplace.

In the real world, the key to effective management is training. Staff training is always a good investment for the company as well as for the individual. One would not hire a carpenter without any tools to build a staircase. By the same token, one cannot expect managers to manage without giving them the proper tools.

An untrained manager may prefer to ignore conflicts among staff, whereas a highly trained manager will be able to coach the conflicting parties and teach them how to resolve many issues with each other on their own; he or she will also know when to step out and when to step in. For example, conflicts that involve discrimination or harassment may lead to legal action or litigation if not handled properly. A highly trained and effective manager will know when to step in.

Additionally, managers must be allowed the power and authority to address problems. They must inform the employees of job responsibilities and expectations.

One expectation should be employee feedback. Employees must be held accountable to speak up, provide feedback, and be willing to work with management to fix conflicts and other issues. All levels of management must contribute to the creation of an environment of trust where employees feel safe airing grievances. The workplace should be a place where they can provide positive or negative feedback, without fear of repercussion or consequences.

Employees are far more likely to want to remain in a position where they feel their opinions and perspectives are valued. Frustrated or angry employees and top performers will not want to stay in an unhappy environment for long.

Tough economies force companies to tighten their belts, which may result in cutbacks on raises, bonuses, benefits or other forms of compensation. This in turn may cause unhappiness and uneasiness at work, which can drive conflicts.

Encourage employees to become top performers through training and mentoring. Building morale through positive reinforcements may lessen conflicts among employees.

One may be surprised how far a simple thank you or other small form of recognition can go when it comes to resolving conflicts. Many times, just mingling with employees and participating in informal conversations will clue the manager into potential conflicts or issues.

When conflicts do arise, the manager should not just ignore them, but instead confront them.

The manager should listen and act without showing bias or favoritism. They can dig into the problem and not just solve what appears to be the problem. There may be underlying issues at work or home that are totally unrelated.

Provide stress and anger management training if warranted. Reinforce positive behaviors and reassure employees that their contributions are valued.

Honor staff efforts during annual Paraoptometric Recognition Week

Each year, during the third week of September, the AOA recognizes the contributions of paraoptometrics by celebrating Paraoptometric Recognition Week (PRW).

On a daily basis paraoptometrics provide assistance to the OD and to patients all over the country. They are the first people with whom the patient comes in contact at the practice, whether via phone or face to face. They are the ones who give instructions on contact lens wear and care. They help patients choose the correct frames for their lifestyle and personality. They also go far beyond those tasks to providing important pre-tests and many other clinical functions. They keep the practice running smoothly and are the OD's "right hands."

"To be successful, a primary eye care practice should have an efficient, dependable, and knowledgeable staff," said Rodolfo L. Rodriguez, O.D. "In order to provide the best care to our patients, we must have supportive and well-trained paraoptometrics."

The AOA Paraoptometric Section advises members to make September their opportunity to recognize and reward staff.

An AOA Paraoptometric Section membership for each staff member will produce multiple rewards.The cost per person is less than 17 cents a day. And, while recognizing staff for a job well done, membership practice will benefit through:

- Highly trained, certified staff
- Greater patient satisfaction
- Career growth and staff retention
- Reduced employee training costs
- Increased patient referrals and revenue
- Each employee has opportunity to reach his or her full potential

As section members, staff will have the opportunity to grow personally and professionally through:

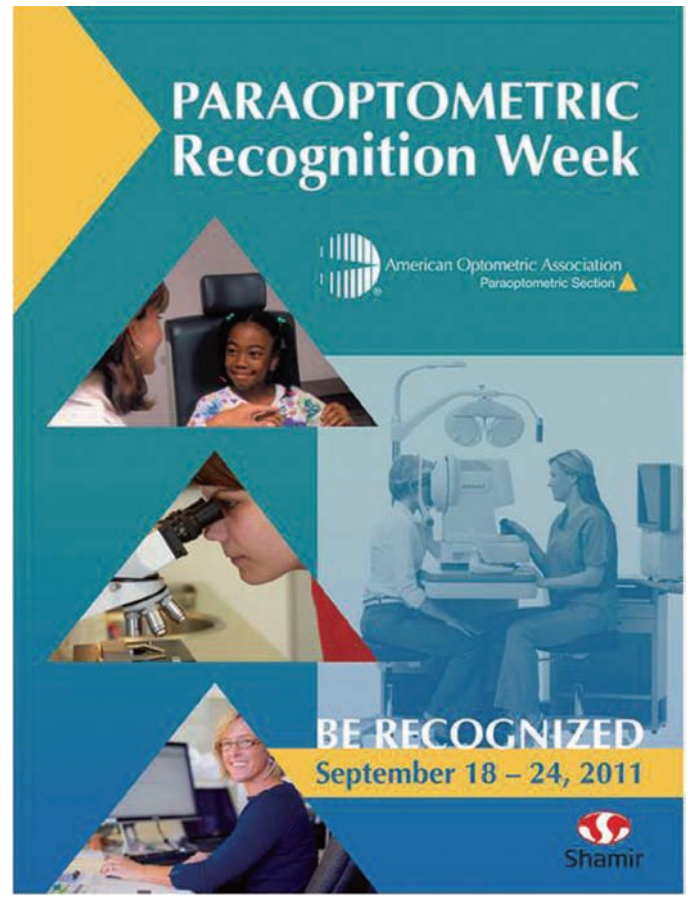
- Online continuing education
- Seminars, lectures, study guides and periodical resources
- Certification
- Volunteer opportunities

No matter how AOA members choose to acknowledge their staff during Paraoptometric Recognition Week, they should take the time to truly look at what their staff does each and every day.

They provide excellent patient care and continuously build their knowledge and skills, making the practitioner's job easier.

Remember that a little recognition can go a long way.

For more information or to get a free PRW promotional kit courtesy of Shamir, call 800-365-2219, ext. 4108 or e-mail *Pararecognition@aoa.org*.



Shaping the future of optometry

A profile of AOA Trustee Barbara Horn, O.D.

Barbara Horn, O.D., joined the ranks of the AOA Board of Trustees as its newest member during the 2011 Optometry's Meeting® in Salt Lake City this past June. Together with her husband, Mike Weisgerber, O.D., they provide vision care to patients in the Washington and Chesterfield, Mich., areas. Dr. Horn also received her state's Optometrist of the Year award in February this year.

Q: What is it about the profession that makes you so passionate about it? In other words, what motivates you?
A: What motivates me is the care and compassion that I feel for my patients, staff, community and colleagues. Knowing that our profession makes a difference in the lives of our patients and community each and every day makes me proud.

Optometry plays an important role and obligation in our society, and I'm glad to be a part of it.

Q: On the flip side, what is it about the profession that gives you cause for concern?
A: I have a difficult time contemplating the fact that there are those who reap the benefits from the only organization that is fighting for their livelihood, but who choose not to support the AOA and their state affiliate or AFOS.

Members united together can advocate for our profession and patients. I cannot fathom why an optometrist would risk their livelihood by not supporting the association that provides that support, benefits and advocacy. We must all work on encouraging non-members to join and sharing why they should become a part of a family that is fighting for them.

Barbara Horn, O.D., right, and her husband Mike Weisgerber, O.D., with their two children, Brooke, 7, and Mick, 4.

Q: Can you share more information about the specifics of your practice and how you go about fulfilling your goal of providing quality vision care for your patients?
A: I opened my private practice in May 2006 and my second practice in March 2011. My husband, Mike Weisgerber, O.D., and I provide care at both locations. We see patients of all ages. We provide primary eye care, co-management, glaucoma diagnosis and treatment, contact lens care and enjoy providing full optical services with an on-site lab.

We are proud to support all the public health programs the AOA offers, such as InfantSEE® and VISIONUSA. We appreciate and thank the AOA and industry supporters who make these public health programs and practice builders possible.

Q: What goals are you hoping to accomplish with your practice (or are actually realizing now within the practice)?
A: We hope to continue to provide high-quality care to our community! We also enjoy encouraging students to consider optometry as a career by participating in career fairs, providing job shadowing, performing school eye dissections and anatomy courses, as well as giving "Optometry as a Career" lectures.

Q: Since you have been a member of the AOA, what has changed within the AOA organization and what has remained the same?
A: I have seen the main focus shift over time to encompass the various concerns of our membership, while never losing focus on any one area of optometric concern. Meaning, our national or affiliates' agendas may focus heavily on advocacy, access, membership, third-party or practice advancement concerns, while

Dr. Horn perfoms an InfantSEE© assessment.

simultaneously, the variety of experience and expertise on their board of directors and volunteer structure keep a well-rounded overall agenda.

I also have yet to see our association back down from a challenge or opportunity to make our profession better for our patients.

Q: Could you discuss why it is important that younger ODs become members of the AOA and get involved?
A: As I mentioned, I cannot fathom why anyone would risk their livelihood by abandoning the association that supports them! Our association is an association of all optometrists and our younger ODs and students ARE our profession and our future. We need leadership, support and enthusiasm from all optometrists, and I rely on (and expect) our next generation of optometrists to make this profession better than they found it.

Q: What do you hope for the future of optometry?
A: I hope that we continue to strengthen our grassroots efforts in both advocacy and in MEMBERSHIP. I believe we need a "bottoms up" approach to encouraging membership by sharing the vast benefits available to optometrists. We need to work on a grassroots system to increase awareness and invigorate local society involvement to promote one, solid, united association.

Q: Please share any final thoughts.
A: My husband and I have two children, Brooke, 7, and Mick, 4, and I have two step children, Alexa, 18, and Drew, 14. I enjoy time with my family, rollerblading and volunteering for our profession. I most thoroughly enjoyed the networking and inspiration that I received from the hundreds of optometrists whom I have met during my time as an AOA volunteer.

I want to encourage our membership to:

- Surf the AOA benefits on our Web site (*www.aoa.org*). There are so many resources available to members that it's really mind-boggling when you think about it. We need optometrists to make themselves aware of the programs available to them, which will help them in practice and assist them in taking care of their patients.
- Encourage your classmates/colleagues to support their association and volunteer in their local, state and national associations. This is OUR association, and we must work together to protect and advance our great profession!

And finally, I just LOVE optometry! What more can I say!

Calif. OD paves way in diabetes education

California practitioner Tina MacDonald, O.D., is a leader in educating patients and others on diabetes-related complications in eye care.

Dr. MacDonald practices at the Center for the Partially Sighted in Culver City, Calif., a multidisciplinary low vision clinic incorporating such fields as optometry, psychology, independent living skills, orientation and mobility services, etc.

"I had helped develop and run the only program in Los Angeles that worked with folks affected by AIDS and subsequently CMV retinitis in the early 1990s," said Dr. MacDonald. "As better drug therapy evolved and we weren't really seeing the terrible ocular side effects (mostly the CMV retinitis), I then started being the doctor who all the patients with diabetic retinopathy got referred to—since I was used to looking at retinopathy. These patients with a chronic condition that needed to be managed were so varied and interesting that I enjoyed having them as patients."

"I do think that optometrists are some of the best educators out there—very approachable, and really the first line in so many practices."

Dr. MacDonald's involvement in diabetes and eye care progressed from there.

"I noticed that when I had a patient with an issue, be it retinopathy or something else, and tried to communicate with other professionals—endocrinologists, internist, nurses, diabetes educators, etc.—I wasn't being heard. I thought ok, since they obviously don't know what optometrists do, I can educate them, but the path of least resistance would be to become a certified diabetes educator and maybe more easily help my patients, plus educate them as an 'insider.'"

At the time, optometrists were not considered eligible professionals to take the certification exam.

"I assumed that couldn't possibly be correct," said Dr. MacDonald. "Social workers, podiatrists, and others who don't have nearly the training we have were allowed, so optometrists must fall under 'physician' since we are under Medicare. So I marked the physician box, but being very careful I included the Medicare information and code stating that we were physicians under Medicare."

Dr. MacDonald, at left, shows AADE attendees the AOA resources available on CD.

Dr. MacDonald, at right, explains the AOA diabetes education materials available at the American Association of Diabetes Educators conference.

Dr. MacDonald was authorized to take the test, which she then passed. Two years later, she received a certified letter stating that her status as a certified diabetes educator (CDE) was revoked because they thought I was an MD, not an OD. I notified the AOA and the COA (California Optometric Association) and had to take a lawyer to Chicago for an appeals hearing. The result was that they had to change their eligibility to include optometrists."

During the appeals hearing, Dr. MacDonald shared the story of assisting one of her patients.

"The Center for the Partially Sighted also does preventive care," she said. "One patient I worked with had mild proliferative diabetic retinopathy when he came in—no problems seeing though. I took pictures of his eyes, explained what was going on, discussed where he was at and worked with him to come up with and commit to a concrete plan of just a few things he could do to prevent his condition from worsening. When I saw him several months later for a follow-up, I took pictures again to show him because his retinopathy had all but cleared up completely. He reported that I had told him things no other doctor had in a non-judgmental way, and he wanted to make the commitment to himself to be better. He cried and thanked me when I showed him the pictures."

Dr. MacDonald's main focus is on serving her patients.

"Patients are very grateful for being able to come to a place where a lot of detailed attention to such a potentially devastating condition is given," she said. "I do think that optometrists are some of the best educators out there—very approachable, and really the first line in so many practices. It is great for patients to know that their eye doctor is interested and knowledgeable and willing to assist them in managing this condition."

Dr. MacDonald encourages other ODs to educate themselves and others on this potentially devastating disease.

"Being of the best service to the patients we see absolutely requires us to be as well informed as possible," she said. "While it is important to educate ourselves, to educate others, I believe, is nearly as important. We should get involved in education programs, such as a certification program, as they become available. The American Association of Diabetes Educators (AADE) is reaching out to try to get participation in different programs. I think communication, both with the patients and with different organizations, will help everyone understand the importance of optometry's role in this arena."

Editor's note

AOA News is highlighting the admirable charitable work, exceptional patient care and unique contributions that distinguish members of the American Optometric Association.

Got a story to share?

Drop a line to *TLOverton@aoa.org*.

SCCO to introduce 2-year physician assistant program

The first Physician Assistant (PA) program in Orange County will be started by the Southern California College of Optometry (SCCO), via a two-year graduate degree.

The program, approved by the college's Board of Trustees, will fill a critical need in the delivery of health care.

The new PA program is targeted to begin as early as the fall of 2014.

"The changing health-care landscape has created a high demand for PAs who provide frontline medical care and SCCO is pleased to take the lead in establishing a quality educational program in Orange County," said SCCO President Kevin L. Alexander, O.D., Ph.D. "The need to cut health care expenses, to treat an aging population, and to fight costly chronic conditions such as obesity and diabetes fuels the demand for PAs as does the shortage of general physicians."

"Offering a physician assistant program is a great fit for SCCO thanks to our 107 years of experience in health care education," said Dr. Alexander. "The SCCO family is excited to take on this new challenge that will help to fill the increasing need for well-educated physician assistants."

Dr. Alexander named SCCO Vice President of Interprofessional Affairs John H. Nishimoto, O.D., to lead the search for the new director of the PA program.

SCCO will offer a two-year Master of Science degree for the Physician Assistant program.

PAs are health care professionals licensed to practice medicine with physician supervision.

As part of their comprehensive responsibilities, PAs conduct physical exams, diagnose and treat illnesses, order and interpret tests, counsel on preventive health care, assist in surgery, and write prescriptions.

> *"The need to cut health care expenses, to treat an aging population, and to fight costly chronic conditions such as obesity and diabetes fuels the demand for PAs as does the shortage of general physicians."*

"For all of us at SCCO, any entry into the broader field of health care education must maintain optometry at the center," Dr. Alexander wrote in a note to the optometric press. "Please be assured that our initiatives will be 'Powered by Optometry' and result in enhanced educational opportunities for optometry students."

For more information about the physician assistant program at the Southern California College of Optometry contact SCCO's Office of Interprofessional Affairs at 714-449-7404.

For more informaiton, visit the SCCO Web site, *www.scco.edu*.

Codeheads,

from page 26

4010 and will be the only acceptable standard for submitting electronic claims on and after Jan. 1, 2012.

Version 5010 is not related to ICD-10.

Compliance with ICD-10 will be the responsibility of every health care provider submitting claims for services to any insurer.

Compliance with Version 5010 is primarily the responsibility of companies, clearinghouses, electronic health record (EHR) developers, etc., who are involved with the electronic submission of claims.

Providers of health care services should contact their EHR companies, claims submission clearinghouses, etc., to confirm with them that they have done the tests and have taken the steps necessary to be compliant with Version 5010.

Essentially, leave the driving to them!

Agreement,

from page 24

the groundwork for a successful long-term relationship begins with clear communication and an associate agreement.

The associate agreement is instrumental to laying the foundation for great communication when bringing a new associate into a practice.

Great communication cannot be assumed as there seems to be a reoccurring theme amongst frustrated associate/employer relationships.

The root of this frustration is the lack of an associate agreement that communicates everything, from compensation, to benefits, to who will pay AOA dues.

When an employer lines all of this out ahead of time, the associate is less likely to be discontented or want to negotiate after the fact because the contract was vague.

Most of us would rather be seeing patients or playing baseball with our child than writing up an associate agreement.

To cut down on the time of researching successful associate agreement contracts, below is a general outline for an agreement.

Outline

1st Page, Paragraph 1: Define why the associate who is receiving the letter is attractive to your office.

Paragraph 2: Define the practice. What are the core values, mission statement, reasons for success, etc?

Paragraph 3: Define the plans that the practitioner has to help a new associate be successful. Why does he or she want to risk coming to work at the office?

2nd Page, Paragraph 1: Discuss the financial options (I like to offer a guarantee that is more rewarding for us when the associate produces OR we offer a larger percentage of gross collected to move more of the risk to the associate, range of associate percentage of gross total compensation 18 to 27 percent).

Paragraph 2: Cast the vision for the associate

Paragraph 3: Discuss the responsibilities (it is good to be specific here to avoid future disagreements in responsibilities, think about how the practitioner will lead the associate to be successful in staff management and running the office; they should be successful in buying out the practice someday).

Paragraph 4: Discuss the specifics in the agreement (there are differing opinions regarding how specific one gets with the details; I believe specifics are good, however, some say that specifics do not leave room to negotiate or interpret; I believe better communication upfront is always best).

3rd Page, the last page of the optometry associate agreement should outline what will occur if the relationship is successful and also if the relationship should be dissolved. Clear communication results in less confrontation and a better long-term relationship.

Many practices have dissolved because of a fundamental lack of open and honest communication.

Great communication that creates lasting relationships begins early and must be nurtured regularly to thrive.

So if a practitioner is considering hiring an associate, he or she should take the time to create an effective associate agreement that establishes clear open communication as the foundation for the relationship.

For more details about the associate contract, go to AOAConnect and become a follower of the Practice Transitions blog. A copy of the actual associate agreement is available in the most recent posts and can be used for reference.

CMS offers ICD-10 podcasts online

The U.S. Centers for Medicare and Medicaid Services (CMS) is offering four online podcasts on the ICD-10 coding system. The podcasts are based on a popular series of CMS National Provider Calls on the codes.

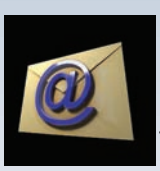
"These podcasts are perfect for use in the office, on the go in your car, or on your portable media player or smart phone. Listen to all of the podcasts from a call or just the ones that fit your need," the CMS notes.

The podcasts cover:

- "CMS ICD-10 Conversion Activities" (originally presented Wednesday, May 18, 2011)
- "Preparing for ICD-10 Implementation in 2011" (Wednesday, Jan. 12, 2011)
- "Basic Introduction to ICD-10-CM" (Tuesday, March 23, 2010)
- "ICD-10-CM/PCS Implementation and General Equivalence Mappings (Crosswalks)" (Tuesday, May 19, 2009).

AOA members can access the podcasts in the ICD-10 section of the AOA Web site Coding Page (*www.aoa.org/ICD-10*).

Send letters to: Editor, AOA News
243 N. Lindbergh Blvd.,
St. Louis MO 63141
TLOverton@aoa.org.



AOA News reserves the right to edit letters submitted for publication.

Are you procrastinating about your life insurance, too?

A Special Note to Our Members

This is the fifth article in our series discussing the fundamentals of available insurance and other coverage that can help protect you, your family and your practice. We believe it's important for all of us to become better informed consumers when it comes to selecting coverage. As an eye-care professional and member of the AOA, you have many choices.

This article focuses on one of the key fundamentals that can help safeguard your family's future financial security, protect and maintain their lifestyle and give you greater peace of mind if something were to happen to you.

Dori Carlson, OD
President, AOA

You've probably heard a version of the proverbial saying: "nothing is certain except death and taxes." And we all know, as unpleasant as both are, they are inevitable.

That's why it was surprising when a recent study revealed that only 44 percent (less than half) of all American households have life insurance — the key financial security to protect loved ones if a primary breadwinner dies.

And of those that have life insurance, half say they don't have enough to adequately support their loved ones if they died.*

Since death is certain, why doesn't every American household have enough life insurance? Here are the primary reasons concluded in this same study:*

- Families have other financial priorities, such as paying off debt or saving for retirement, and the struggling economy has made finances worse.
- While most agree life insurance is the best way to protect against the death of a primary breadwinner, many procrastinate doing something about it because they don't know where to go for help or they just don't want to think about their own mortality.
- About 25% of households rely only on group or employer-provided life insurance. This type of coverage often limits the amount of benefits available, which leaves many employees underinsured.
- Americans want professional help but they don't know where to buy it or whom to turn to for help.

  Almost eight in 10 American households currently do not have a personal life insurance agent or broker to turn to and most of them say they never did.*

So if you don't have any life insurance or know you need more but you're concerned about the economy and affordability of it, what can you do?

Many Americans who need affordable life insurance generally purchase Term Life Insurance. Term Life Insurance is one of the least expensive types of life insurance in the market. It provides a lump-sum death benefit when the insured dies.

Term Life Insurance can be offered in different term options — from yearly renewable term to 10-, 15-, and 20-year, or even longer periods. This makes it easy and flexible to tailor to your family's budget and personal needs.

Plus, it offers ideal coverage that can be used to supplement employer-provided or other coverage you already have or it can be used as your primary source of coverage.

If you've been procrastinating buying life insurance (or more of it) and don't have a personal agent to help you, consider contacting a life insurance "buying service."

A "buying service" by its definition is just that — a service that "shops" the market to find the best deal for you. It saves you the time and money it would take for you to shop on your own for coverage.

Plus, buying services are becoming more popular because they offer these advantages:

Flexible coverage: The buying service will work with you to develop a plan — whether you already have coverage through your employer or other source and just need more. Or whether you don't have any coverage and you're starting from scratch.

Objective advice and guidance: Most services aren't tied to one specific insurance company or group of benefits so they're able to offer you the best advice and guidance based on your personal situation, needs and budget.

Convenient and expert shopping: The service does all the legwork by reviewing insurance carriers, benefit options and rates for you. Usually they only work with reliable, top-rated insurance carriers. This saves you the time from having to find the best and most stable provider on your own.

Portability: When you purchase coverage through a buying service, you can take it with you if you leave your current employer. This is unlike employer-provided coverage that usually ends when you terminate employment.

Hassle-free process: You can easily find a buying service online or through a print or TV advertisement. With just a simple phone call or a couple clicks online, you can request no-obligation information. Then, if you decide to buy, there is little paperwork to complete because most of it is handled over the phone or online.

Thus, with a buying service, you can avoid the high-pressure sales of face-to-face meetings with insurance agents.

There are also other ways to obtain life insurance — as mentioned, face-to-face with a local insurance agent in your area, from an ad on TV, or through specific organizations sponsoring a product. All offer advantages and disadvantages.

The bottom line is to make sure you have enough life insurance for your loved ones in case something happens to you and to find a resource you can trust to provide this important financial security for you and your family.

*Source: *Facts About Life 2010*, LIMRA, Life Insurance Awareness Month, September 2010.

SVS conducts vision evaluations at Jr. Olympics

The AOA Sports Vision Section (SVS) conducted free vision evaluations July 28-31 for 294 of the athletes competing in the 2011 Amateur Athletic Union (AAU) Junior Olympic Games in New Orleans, La., thanks to a generous sponsorship grant from Vistakon®, Division of Johnson & Johnson Vision Care, Inc.

The program, co-chaired by Steven Hitzeman, O.D., and Stephen Beckerman, O.D., provided 36 volunteers the opportunity to establish testing protocols, gather data, and aid in identifying the best types of sports vision evaluation equipment.

In addition, it provided an excellent opportunity to receive hands-on training and experience in the latest sports vision evaluation and enhancement techniques.

The AAU Junior Olympic Games is the largest national multisport event conducted annually for youth in the United States.

More than 4,200 Junior Olympic athletes have received free vision evaluations from the SVS in the last 15 years.

The SVS plans to publish the results of the 2010 and 2011 programs in the near future.

To receive a copy of the 2011 SVS Junior Olympics Protocols, visit the SVS webpage at *www.aoa.org/svs.xml*.

AAU Junior Olympic Games future dates are as follows: Houston, Texas, July 25 – Aug. 4, 2012; Detroit, Mich., July 24 – Aug. 3, 2013; and Des Moines, Iowa, July 23 – Aug. 2, 2014.

Volunteers for the AOA Sports Vision Section conducted vision evaluations at the 2011 Junior Olympic Games in New Orleans in July.

Elizabeth Geary from Southern College of Optometry tests eye alignment.

Danielle Kalberer from the State University of New York State College of Optometry and Amanda Gajewski of the New England College of Optometry test athletes' eye movement using the Wayne Saccadic Fixator.

Alicia Nehls, O.D., tests eye alignment.

From left, Andrew Congdon and Scott Lewis, O.D., use the visagraph 3 test to evaluate the athletes' fixation, stability and eye movement accuracy.

Longtime Salus President Lewis to retire next year

Longtime Salus University President Thomas L. Lewis, O.D., Ph.D., whose leadership of the Pennsylvania College of Optometry (PCO) resulted in unprecedented growth that led to the establishment of Salus University, has announced he is stepping down effective June 30, 2012.

"Tom Lewis' vision has had an extraordinary impact on this institution," said Jo Surpin, chair of the university's Board of Trustees. "Always with a focus on students, the results of his leadership are seen in the university's programs and clinical facilities and its ability to implement new initiatives at a time when some institutions have postponed their plans."

The institution's second-longest serving president, Dr. Lewis led the transition of PCO from a single college to a multipurposed institution with the addition of a variety of degree programs that built on PCO's legacy of educating health care professionals.

As a result of this growth, Salus University was established in 2008. Today the university consists of four distinct colleges that offer 10 accredited degree programs in optometry, audiology, physician assistant studies, blindness and vision rehabilitation and education, and public health.

"Dr. Lewis has been an outstanding leader of Salus University," said Dan Abramowitz, vice chair of the university's Board of Trustees. "Through his actions and leadership, he has ensured Salus continues to educate tomorrow's leaders... he has been an unrivaled educator and champion of the university."

During Dr. Lewis' 23-year tenure as president, the Pennsylvania College of Optometry moved from the Oak Lane section of Philadelphia to its present campus; the Hafter Student Community Center was built; an innovative curriculum featuring early introduction of clinical skills that became a model for other colleges of optometry was launched; and the university's largest clinical teaching facility, The Eye Institute, was successfully renovated.

Initiatives accomplished during Dr. Lewis' tenure as president include:

- An international Master of Science (MSc) degree program in clinical optometry;
- Curriculum 2000, an innovative optometry program of integrated teaching and learning, whose premise was "learn in the classroom and apply that knowledge in the lab; hone those skills in clinic" and continues to be applied to other Salus programs;
- Master's degree and certificate programs in Orientation and Mobility and Vision Rehabilitation Teaching;
- National Center for Leadership in Vision Impairment (NCLVI);
- Doctor of Audiology (AuD) professional degree, both residential and distance programs;
- Master of Medical Science (MMS) degree program in Physician Assistant studies;
- A wholly online Master's of Public Health program;
- A joint PhD program with Cardiff University in Wales, United Kingdom;
- Master of Science/PhD dual program in biomedicine (to begin 2012)

Over the course of his career, Dr. Lewis has given hundreds of lectures for every major organization in optometry, lecturing on a variety of optometric topics in all 50 states and on five continents.

Arol Augsburger, O.D., Ph.D., president of the Illinois College of Optometry said, "Tom Lewis is a real renaissance man in optometry. He not only has an outstanding track record of leadership... but also has been one of the key molders of our profession. He has done this through his service on countless think tank commissions, his advocacy and testimonies on behalf of the enhancement of state optometric practice acts around the country, and his time as the president of many influential organizations within our profession. Little of substance has happened in optometry during the last 30 years that did not have the fingerprints of Tom Lewis on it!"

> *"Through his leadership, Salus University has successfully expanded during both favorable and formidable economic and legislative conditions."*

Dr. Lewis began his 45-year association with Salus as a student in 1966. He earned a Doctor of Optometry degree at PCO, followed by a PhD at Thomas Jefferson University in Philadelphia.

He was awarded a post-doctoral fellowship in the Department of Ophthalmology at Washington University in Missouri before returning to PCO as a faculty member.

In 1979, Dr. Lewis was appointed vice president and dean of Pennsylvania College of Optometry before becoming PCO president in 1989.

Dr. Lewis is past president of the American Academy of Optometry (AAO); the Association of Schools and Colleges of Optometry (ASCO); the Partnership Foundation for Optometric Education; the National Board of Examiners in Optometry (NBEO), and the faculty organization of PCO.

Dr. Lewis is a current board member of Jeanes Hospital, the Primary Eyecare Advisory Council − Optos, and the executive committee of the Optometric Glaucoma Society.

He is a past board member of American Board of Optometry, served the AOA as a past board member on three committees: Federal Relations, Clinical Guidelines Coordination and Optometric Executive Project Team, and is also a past member of the Campus Boulevard Corporation board. Dr. Lewis is an ex-officio member of the Salus University board and the board of the PCO Foundation.

He has been the recipient of many awards and recognitions, among them the Distinguished Scholar Award of the National Academies of Practice in Optometry (2003); Education Person of the Year (2000) for the Montgomery County Chamber of Commerce; the Otsuka Glaucoma Educator of the Year award of the American Academy of Optometry and the Scientific Achievement Award of the New Jersey Optometric Association (1998); the PCO Presidential Medal of Honor (1995); the Prentice Society's President's Award (1994) and a Special Recognition Award, National Eye Health Education program from the National Eye Institute (1993).

In a letter to university faculty, students, alumni and staff, Dr. Lewis said, "My years at PCO/Salus have been magical, fulfilling and rewarding... Being president has been a lonely and humbling job, but I could never have found a position so rewarding or one that I could have loved more."

Thanking all, he told the Salus University community, "We can't stop growing and changing because the challenges to higher education today are significant."

"Through his leadership, Salus University has successfully expanded during both favorable and formidable economic and legislative conditions," said John Oschenreither, O.D., Salus University Alumni Association president. "I feel fortunate that Dr. Lewis has been at the helm, and thank him professionally and personally for all that he has done to improve and expand Salus University and our professions."

The board's executive committee is in the process of choosing a search firm to replace Dr. Lewis. He will begin a one-year sabbatical on July 1, 2012.

Abbott Medical Optics

Alcon

Allergan

Bausch + Lomb

CIBA VISION Corporation

CooperVision

Essilor of America

HOYA Vision Care

Johnson & Johnson Vision Care, Inc

Kemin Health

Luxottica Group

Marchon Eyewear

Optos

Shamir

TLC Vision Corporation

Transitions Optical

VisionWeb

Industry Profile: TLC Vision Corporation

TLC Vision Corporation is a Gold-level sponsor of the American Optometric Association.

TLC Vision is in partnership with thousands of eye care professionals in North America to serve patients and improve vision.

Through these relationships, TLC Vision maintains leading positions in the Refractive, Cataract and Optometric Services markets.

TLC Vision's success is founded on its affiliated network of eye doctors, proven consumer education and marketing programs, and continued access to state-of-the-art clinical technologies.

Every day, TLC Vision takes its role in improving vision very seriously. It is at the forefront of eye care technology and uses outcomes results to provide excellent care with a continued focus on quality improvement and patient safety.

Early in 1994, the first TLC Laser Eye Centers® facility, a division of TLC Vision, opened in Windsor, Ontario, Canada.

Now, with more than 60 centers, TLC Laser Eye Centers (TLC) is North America's largest provider of laser vision correction services with more than 1 million procedures performed.

TLC was founded on the philosophy of working with the most experienced eye doctors and maintains its strong commitment to the co-management model with affiliate optometrists.

A wide range of services is available to TLC Affiliate Optometrists, including continuing education programs, patient retention and practice growth activities, and the most up-to-date clinical and consultative information.

The Sightpath Medical℠ subsidiary is the largest provider of access cataract, glaucoma, and refractive surgical services in North America.

Sightpath provides doctors and rural hospitals with cataract, YAG lasers, and refractive surgery equipment and technical assistance and support.

TLC Vision is proud to partner with the thousands of AOA members who are TLC affiliate doctors.

TLC welcomes the opportunity to express its continued support of the optometric profession by being an active participant of the AOA Ophthalmic Council™ and supporter of numerous regional optometric meetings across the country.

Industry Profile is a regular feature in AOA News allowing participants of the Ophthalmic Council ™ to express themselves on issues and products they consider important to the members of the AOA.

Transitions seeks student submissions for scholarships

Transitions Optical announced its 2012 Students of Vision Scholarship Program. Supported by the Transitions Healthy Sight for Life Fund, the Transitions Students of Vision Scholarship Program supports the next generation of optometrists and paraoptometrics.

Being a leader in the optical industry can mean many things: industry association leadership, community education leadership, or being a leader in a practice or office.

Transitions Optical attributes its status as a leader to the fact that it never stops pushing the boundaries of adaptive technology and asks students "How will you be a leader?"

Projects will be judged in three categories: multimedia, activity/event and other.

To submit an entry, students should develop a project, in any format or category, that demonstrates how they will take a leadership role as eye care professionals.

Top category winners will receive $1,000, and additional winners will receive $500. The top opticianry students will also win a trip to the ABO-NCLE National Educational Conference to be featured in the poster session.

Submissions should include: name, phone number, e-mail address, mailing address, school and category of entry. Send to *education@transitions.com* or Students of Vision Scholarship c/o Euro RSCG Worldwide PR, 4 PPG Place, 2nd Floor, Pittsburgh, PA 15222.

Projects must be submitted by March 10, 2012. Winners will be announced in May 2012.

For more information, visit *www.Transitions.com/Pro* or contact Brittney Gillison at *Brittney.Gillison@eurorscg.com*.

Eyelid spray available in major drugstores

OCuSOFT, Inc., an ophthalmic research, development, and supply company, announced that Tears Again® advanced Liposome Spray, an adjunct to OCuSOFT® Lid Scrub™ Eyelid Cleansers, is now available nationwide at all CVS drug stores.

Recent reports from the International Workshop on Meibomian Gland Dysfunction (MGD) demonstrate an improvement of symptoms associated with Evaporative Dry Eye and Stage 2 MGD when a liposome spray, namely Tears Again® advanced Liposome Spray, was added to treatment plans. Compared with hyaluronate eye drops and triglyceride gels, the liposome spray was significantly more effective at reducing lid margin inflammation and improving tear film stability.

Utilizing patented liposome technology to deposit water and lipids as well as vitamins A, C, and E, Tears Again® advanced Liposome Spray provides moisture to soothe and relieve discomfort. Simply spray the cool, refreshing mist onto closed eyelids throughout the day as often as needed.

For a complete eyelid hygiene regimen, use Tears Again® advanced Liposome Spray in conjunction with OCuSOFT® Lid Scrub™ Eyelid Cleansers, which are also conveniently available at a local CVS.

For more information, visit *www.tearsagainspray.com* or call (800) 233-5469.

CooperVision issues voluntary recall of Avaira Toric CLs

CooperVision announced that it has initiated a voluntary recall on some Avaira Toric contact lenses.

This recall is limited solely to specific lots of Avaira Toric, and no other CooperVision product is involved in this recall.

"This recall was initiated because of the unintended presence of a residue on lenses from certain lots of Avaira Toric contact lenses," the company said in a statement. "The company received complaints of temporary hazy or blurry vision, and discomfort, most likely caused by transient or reversible swelling of the surface layer of the cornea, which is known as corneal epithelial edema. Although temporary and transient, CooperVision takes these types of complaints very seriously. Through laboratory testing and investigation, the company determined the cause of the corneal epithelial edema was a small amount of residue on the lens. Although the number of complaint reports is small, the company deems this action to be in the best interests of our customers and their patients."

CooperVision anticipates Avaira Toric shipments will resume shortly, and inventory will return to normal levels by Dec. 1, 2011.

Avaira Toric lenses were launched in April 2010 and represent less than 1 percent of the company's fiscal third quarter 2011 revenues, CooperVision noted.

The company will establish a reserve for return of inventory and related matters, currently estimated to be approximately $14 million.

For more information about the recall, visit *www.coopervision.com*.

Ice-Tech introduces workplace lens

Ice-Tech Advanced Lens Technologies, the exclusive manufacturer of the Thin-Ice Lens, has developed a new type of progressive-addition Lens: The Workplace Lens. The Workplace Lens is the first in its line of occupational lenses, designed to comfort the fatigued eye, according to the company.

For patients who like to read, cook, do hobbies, or work a lot at the computer, and are used to the burning eyes, tension, headaches, and fatigue, the Workplace Lens is the perfect solution with special near comfort lenses that provide adequately wide and sharp fields of vision in the extended close-up range, Ice-Tech said.

Patients can now change smoothly between documents, the computer screen, their office, and co-workers without eye strain. Similar in theory to some other lenses designed to relieve tension, the Workplace Lens is differentiated by its calculation method and radius, according to the company.

Available to select beta customers, the Workplace Lens is the new fatigue free lens and will be available to the public soon. For more information, contact Beth Showalter, director of Sales and Marketing, Ice-Tech Advanced Lens Technologies, at *beth@ice-tech.com* or 904.247.2627. Also visit *www.ice-tech.com* and *www.icetechlens.com*.

The Tommy Hilfiger eyewear collection has been enhanced by the introduction of the brand's first pair of ski goggles. Manufactured and distributed by the Safilo Group, the Tommy Hilfiger ski goggles will surely attract attention on the chicest of ski slopes where sporty design elements have been combined with vintage fashion influences and iconic brand details. The unmistakable Tommy Hilfiger flag, the red, white and blue stripes and the eye-catching tartan plaid pattern found on the goggles are all synonymous with the brand's "classic, cool American" styling. *www.tommy.com*

Industry Profile: Marchon

Profits lie hidden in your frame boards
Here's how to get them out …

The optical industry is full of frames of every conceivable shape, color and size, some are very profitable to feature in your dispensary and some are costing you money. The Marchon sales team has helped thousands of our accounts to maximize their frame boards.

How do they do it?

It's no secret that large retail chains have made it more difficult for independent Eyecare Professionals to compete. For several years, Marchon has been working and training our sales reps to go beyond showing frames and to bring retail tactics and strategies to our accounts.

It is fairly common knowledge that the Marchon Sales team offers brands your patients want from popular names such as Nike, Calvin Klein, Michael Kors, Nautica and Disney for children, to high end and exclusive collections such as FENDI, Jil Sander and Emilio Pucci, while also bringing innovation to the industry with products such as Flexon, Airlock and Ultra Clip. But there is more to generating profits than just the right product …success includes great retailing.

- Perfect product presentation is key to having a successful retail optical environment. When a patient walks in the door, is reception easily accessible? Do they instantly feel welcome? Once they have checked in and filled out paperwork, do they have access to the retail area? Can they begin shopping while they are waiting?
- How do you determine which brands to carry? How many frames to display? How many men's, women's and children's? We think you will agree, making a mistake on brands and assortment can waste your financial and board space resources. Marchon's "4 Keys to Inventory Control" booklet is an excellent guide to help you determine your product mix based on your demographics and business volume in addition to providing you with inventory management strategies. This booklet can be downloaded for FREE from the Marchon MVP Web site.
- What about product placement within the dispensary? Watch your patient flow. Where do they go first when they enter the retail area? This is where you should display your high-end women's fashion brands. Women age 30+ spend the most money on eyewear and fashion accessories. Next should be men's fashion, than sport, than children's. Sunglasses should be easily accessible and displayed in a designated "SunCenter" area or in multiple places throughout the office. "Commodity" product used to meet insurance needs, etc., should be displayed on frame boards or in trays in the area with the least traffic.

Once you have the right product, in the right place in your dispensary, you have the seeds for success. Now you need to cultivate daily to maximize profits including:

- staff training and incentive
- visual merchandising
- in store events and more.

This can be easier than you think. You see at Marchon we believe in borrowing from classic business strategies:

"You have a dollar. I have a dollar. We swap. Now you have my dollar and I have yours. We are no better off. You have an idea. I have an idea. We swap. Now you have two ideas. I have two ideas. That's the difference."

Your Marchon team is ready to provide ideas and resources, because your success is our success. Call us today at 800-645-1300.

MEETINGS

September

KMK EDUCATIONAL SERVICES, PARTNERING WITH THE MONTANA OPTOMETRIC ASSOCIATION
ABO Board Certification Review Course
September 9-10, 2011
Fairmont Springs Resort, Fairmont, MT
406/443-1160 (MTOA); 402/680-4634 (KMK)
kmkboardcertification@gmail.com
www.mteyes.com
www.kmkoptometryboardcertification.com

71ST NORTHEAST CONGRESS OF OPTOMETRY
Sports, Reading, Driving and More
September 11-12, 2011
Westford Regency Inn and Conference, Westford, MA
Kathleen Prucnal, O.D.
978/597-5277
drkaprucnal@msn.com

ILLINOIS OPTOMETRIC ASSOCIATION
ANNUAL 2011 FALL CONVENTION
September 15-18, 2011
Westin Chicago Northwest, Itasca, IL
217/525-8012
iow@ioaweb.org
www.ioaweb.org

VERMONT OPTOMETRIC ASSOCIATION
ANNUAL 2011 FALL CONFERENCE
September 16-18, 2011
Stowe Mountain Lodge, Stowe, VT
David J. DiMarco, O.D.
802/524-9561
FAX: 802/524-6060
djd@nveyecare.net

NORTHEASTERN STATE UNIVERSITY, OKLAHOMA COLLEGE OF OPTOMETRY
Primary Eye Care Update
September 17-18, 2011
Tahlequah, OK (NSUOCO Campus)
Dara Smith, CME Coordinator
918/444-4033
FAX: 918/458-2104
smith197@nsuok.edu
www.optometry.nsuok.edu

CE IN ITALY CONFERENCE
September 20-22, 2011
Florence Italy
James Fanelli, O.D.
910/452-7225
jamesfanelli@CEinItaly.com
www.CEinItaly.com

ENVISION CONFERENCE
September 21-24, 2011
Hilton St. Louis at the Ballpark, St. Louis, MO
Alisa Krewet
314/983-4137
agkrewet@aoa.org

2011 FALL CONVENTION
SOUTH DAKOTA OPTOMETRIC SOCIETY
Setpember 22-23, 2011
The Lodge at Deadwood, SD
Deb Mortenson
605/224-8199
Sdeyes3@pie.midco.net
www.sdeyes.org

SOUTHERN COLLEGE OF OPTOMETRY'S 2011 FALL CONTINUING EDUCATION AND HOMECOMING WEEKEND
Sept. 22-25, 2011
SCO Campus and The Peabody Memphis Hotel, Memphis, TN
Dr. Patricia Estes-Walker, director of CE
901/722-3235
ce@sco.edu
www.sco.edu

OPTOMETRIC EXTENSION FOUNDATION PROGRAM
42ND ANNUAL COLORADO VISION TRAINING CONFERENCE
September 23-25, 2011
YMCA of the Rockies
Estes Park, CO
720/870-2828
Jamie@highlinevisioncenter.com
www.visioncare.org and search "Estes Park" for conference info

SPORTS VISION UNIVERSITY
Vistakon
New England College of Optometry
September 25, 2011
Alisa Krewet
243 N Lindbergh Blvd, Flr. 1
St. Louis, MO 63141
314/983-4137
AGKrewet@aoa.org

CE IN ITALY CONFERENCE
September 24-26, 2011
Tuscany Italy
James Fanelli, O.D., FAAO
910/452-7225
jamesfanelli@CEinItaly.com
www.CEinItaly.com

PENNSYLVANIA OPTOMETRIC ASSOCIATION
PA COLLEGE OF OPTOMETRY CE FORUM FOR DOCTORS AND STAFF
September 25, 2011
PCO at Salus University, Elkins Park, PA
Ilene Sauertieg
717/233-6455
Ilene@poaeyes.org

To submit an item for the meetings calendar, send a note to eventcalendar@aoa.org. Please allow several months' lead time.

October

KMK EDUCATIONAL SERVICES, PARTNERING WITH THE TEXAS OPTOMETRIC ASSOCIATION AND UNIVERSITY OF HOUSTON
ABO Board Certification Review Course
October 1-2, 2011
Alcon Headquarters, Dallas, TX
402/680-4634
kmkboardcertification@gmail.com
www.kmkoptometryboardcertification.com

NORTH DAKOTA OPTOMETRIC ASSOCIATION
2011 NDOA ANNUAL CONGRESS
October 2-4, 2011
Ramada Plaza Suites
Fargo, ND
Nancy Kopp, Executive Director
701/258-6766
ndoa@btinet.net
www.ndeyecare.com

GWCO CONGRESS 2011 – "STRIVING FOR EXCELLENCE"
GREAT WESTERN COUNCIL OF OPTOMETRY
October 6 – 9, 2011
Oregon Convention Center
Portland, Oregon
"The Northwest's Education Destination"
Tracy Oman, Executive Director
Peggy McCormick, Executive Assistant
Ph: 503-654-1062, Fax: 503-659-4189
gwco@gwco.org
www.gwco.org

AOA: REDUCING THE RISK OF AGE-RELATED VISION LOSS
October 8, 2011
Hot Springs, Arkansas
Melissa Flower
314/983-4136
FAX: 314/991-4101
mlflower@aoa.org

NEW HAMPSHIRE OPTOMETRIC ASSOCIATION
October 8-9, 2011
Harborside Hotel, Portsmouth, New Hampshire
603/964-2885
nheyedoctors@comcast.net

KMK EDUCATIONAL SERVICES, PARTNERING WITH THE SOUTHERN CALIFORNIA COLLEGE OF OPTOMETRY
ABO Board Certification Review Course
October 8-9, 2011
SCCO Campus, Fullerton, CA
402/680-4634
kmkboardcertification@gmail.com
www.kmkoptometryboardcertification.com

GREAT WESTERN COUNCIL OF OPTOMETRY
Practice Transitions
October 9, 2011
Portland, Oregon
Patti Kinder
314/983-4152
pkinder@aoa.org
www.AOA.org/PracticeTransitions

MISSOURI OPTOMETRIC ASSOCIATION
ANNUAL MEETING
October 13-16, 2011
Chateau on the Lake, Branson, MO
LeeAnn Barrett, O.D.
573/635-6151
moaed@moeyecare.org
www.moeyecare.org

IOWA OPTOMETRIC ASSOCIATION
Hawkeye Institute
October 13-14, 2011
Cedar Rapids, Iowa
Grace Kennedy
515/222-5679
FAX: 515/222-9073
gracek@iowaoptometry.org
www.iowaoptometry.org

KMK EDUCATIONAL SERVICES
ABO Board Certification Review Course
October 14-16, 2011
Aloft Hotel, Charlotte, NC
402/680-4634
kmkboardcertification@gmail.com
www.kmkoptometryboardcertification.com

OKLAHOMA ASSOCIATION OF OPTOMETRIC PHYSICIANS
PIONEERS IN OPTOMETRY REGIONAL CONFERENCE & EXHIBITION HALL
October 14-16, 2011
Hyatt Regency, Tulsa, OK
Heatherlyn Burton
405/524-1075
FAX: 405/524-1077
heatherlyn@oaop.org

VIRGINIA OPTOMETRIC ASSOCIATION
FALL CONFERENCE
October 15-16, 2011
Wintergreen Resort, Wintergreen, VA
Bruce B. Keeney, Sr.
804/643-0309
www.thevoa.org

GEORGIA OPTOMETRIC ASSOCIATION
FALL OPTOMETRIC EDUCATION CONFERENCE
October 15-16, 2011
UGA Center for Continuing Education, Athens, GA
Vanessa Grosso
770/961-9866, ext. 1
vanessgoa@aol.com

AOA: REDUCING THE RISK OF AGE-RELATED VISION LOSS
October 17, 2011
Mystic Marriott Hotel and Spa, Groton, Connecticut
Melissa Flower
314/983-4136
FAX: 314/991-4101
mlflower@aoa.org

OHIO OPTOMETRIC ASSOCIATION
EASTWEST EYE CONFERENCE
October 20-23, 2011
Cleveland Convention Center, Cleveland, Ohio
Linda Fette
800/999-4939
FAX: 614/781-6521
info@ooa.org
www.eastwesteye.org

HUDSON VALLEY OPTOMETRIC SOCIETY
FALL SEMINAR
October 21, 2011
Poughkeepsie, NY
Robert Greenbaum, O.D.
845/473-0220
RGreenbaum@GreenbaumOptometry.com

2011 ANNUAL FALL CONVENTION
ARKANSAS OPTOMETRIC ASSOCIATION
October 21-23, 2011
Hot Springs, Arkansas
Misty Engler, Membership Director
501/661-7675
FAX: 501/372-0233
misty@arkansasoptometric.org
www.arkansasoptometric.org

PENNSYLVANIA OPTOMETRIC ASSOCIATION
BOARD CERTIFICATION PREP COURSE
October 29-30, 2011
Blair County Convention Center, Altoona, PA
Ilene Sauertieg
717/233-6455
Ilene@poaeyes.org

November

MISSISSIPPI OPTOMETRIC ASSOCIATION
2011 FALL CONTINUING EDUCATION CONFERENCE AND EXPOSITION
November 3-6, 2011
Hilton, Jackson, MS
Linda Ross Aldy
601/853-4407
www.mseyes.com

KMK EDUCATIONAL SERVICES, PARTNERING WITH THE MISSISSIPPI OPTOMETRIC ASSOCIATION
ABO Board Certification Review Course
November 3-4, 2011
Courtyard Marriott, Jackson, MS
402/680-4634
kmkboardcertification@gmail.com
www.kmkoptometryboardcertification.com

KENTUCKY OPTOMETRIC ASSOCIATION
FALL EDUCATION CONFERENCE
November 4-6, 2011
Park Vista Hotel, Gatlinburg,

CLASSIFIEDS

Professional Opportunities

A NEW EMPLOYMENT LINK: Looking for fill-in opportunities on your days off? Temp-practitioner.com is a new website designed to match health practitioners, including optometrists, with temporary employment opportunities. Registration is FREE, private, and there is NO OBLIGATION to accept any particular offer. Potential employers in your area will review your information and contact you about fill-in opportunities. You decide if the opportunity is right for you. You also negotiate your own fees, schedule, etc. So go to the website and sign up today and turn extra days into extra dollars!

Find your optometric niche. The OEP Clinical Curriculum Courses can help you distinguish yourself in your community? Call 800 447 0370.

Full-time opportunity with national managed care organization seeking Provider Relations Specialist, responsible for fee schedules, plan design, and network management. Formal eye care and business training preferred. Send resume to hr@opticare.net or Human Resources c/o OptiCare Managed Vision, P.O. 112 Zebulon Court, Box 7548, Rocky Mount, NC 27804. Equal Opportunity Employer

MIO head repair and handle replacement. 806-745-2222 Dr. Dunn

Optometrist Wanted Privately owned multi-location optometric practice has an opening for a full-time optometrist in Bangor, ME. Established practice with state of the art equipment, certified support staff, and EMR. Offering excellent compensation package. Send c.v. to: Paul Wheeler, Chief Operating Officer Smart EyeCare Center 255 Western Avenue Augusta, ME 04330 pwheeler@smarteyecare.com

Practice for Sale

Optometrist F/T Roanoke, Va. salary up to $120,000.00 with benefits. Recent grads welcome to apply. Please call 732-502-0071.

Miscellaneous

Complete your practice with holistic vision care. www.holisticwvi.com 806-745-2222

DO YOU WANT MORE VISION THERAPY PATIENTS? Are you tired of seeing patients walk out the door without getting the care that they need? Why wait until another patient says "If insurance doesn't cover it…?" Call today and find out how to ensure patients follow through with vision therapy regardless of insurance coverage. Expansion Consultants, Inc.: Specialists in consulting VT practices since 1988. Call 818-248-3823, ask for Toni Bristol.

Quality Pre-Owned Equipment at Wholesale Prices- Zeiss/Humphrey, Topcon, Reichert, Oculus, Haag-Streit with warranty for thousands less than new. We purchase equipment for cash/trade. Tired of waiting months for equipment? We only sell from inventory. **Precision Equipment (352) 207-6858, www.precision-equip.com**

VOSH-INTERNATIONAL NEEDS YOUR OUTDATED EQUIPMENT!!
How would you like to donate your outdated equipment to a worthy cause and receive a *tax deduction* at the same time? VOSH-INTERNATIONAL with the support of WCO and UNESCO has embarked on a program of equipment-technology transfer to fledgling Optometry programs in South America and Africa. This is being done with a new partner IMEC (International Medical Equipment Collaborative); a non-profit 501c3 that gathers, services, cleans and packages entire eye clinics, hospitals and other medical facilities and ships them to an organization that gives them a second life.
Please look through your garage, closets, basement for all your unused books, equipment, instruments, stock frames and lenses and any items that might be of use to a Optometry school, a student or eye clinic. Instructions on how to proceed are available by going to the VOSH website (www.vosh.org) and click on Technology Transfer Program. The most desirable items that programs in developing countries need are: Trial lens kits, Battery powered hand scopes, Assorted Pliers and Optical Tools, Hand Stones for edging plastic lenses, uncut lenses (both SV and BF), Manual Lensometers, Phoropters, Lens Clocks, Color Vision Tests, Keratometers and Biomicroscopes. This list is certainly not complete but gives you an idea of some of the basic needs these developing programs can benefit from.
All items may be shipped directly to:
VOSH INTERNATIONAL
C/O VOSH-SE
3701 SE 66th St
Ocala, Florida 34480
Assistance with shipping cost may be available through your local Rotary or Lions Clubs. Contact www.vosh.org with any questions or email dpvc@juno.com and/or voshinternational@comcast.net.

Classified Advertising Information

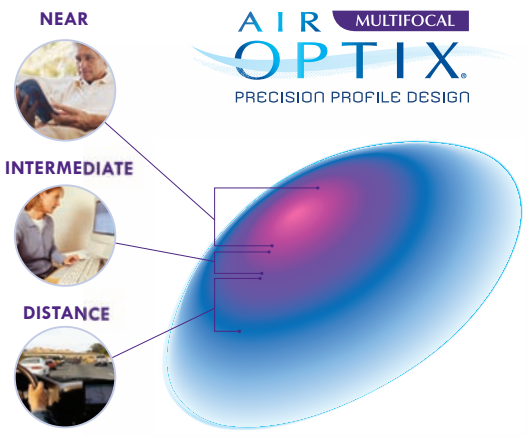
Effective the October 9, 2006 issue onwards, Classified advertising rates are are as follows: 1 column inch = $65 (40 words maximum) 2 column inches - $115 (80 words maximum) 3 column inches = $155 (120 words maximum). This includes the placement of your advertisement in the classified section of the AOA Member Web site for two weeks. An AOA box number charge is $30.00 and includes mailing of responses. The envelope will be forwarded, unopened, to the the party who placed the advertisement. Classifieds are not commissionable. All advertising copy must be received by e-mail at t.peppers@elsevier.com attention Traci Peppers, Classified Advertising. You can also mail the ads to Elsevier, 360 Park Avenue South, 9th floor, New York, NY 10010.

Advertisements may not be placed by telephone. Advertisements must be submitted at least 30 days preceding the publication. All ad placements must be confirmed by the AOA – do not assume your ad is running unless it has been confirmed. Cancellations and/or changes MUST be made prior to the closing date and must be made in writing and confirmed by the AOA. No phone cancellations will be accepted. Advertisements of a "personal" nature are not accepted. The AOA NEWS publishes 18 times per year (one issue only in January, June, July, August, November, and December, all other months, two issues.) and posting on the Web site will coincide with the AOA NEWS publication dates. Call Traci Peppers - Elsevier ad sales contact - at 212.633.3766 for advertising rates for all classifieds and showcase ads.

SUPERIOR VISION FOR YOUR PRESBYOPIC PATIENTS.[1]** SUCCESSFUL FITS FOR YOU.

AIR OPTIX® AQUA MULTIFOCAL contact lenses—the multifocal solution with an *easy fit, excellent vision* and *comfort.*

- In real-world situations, emerging presbyopic patients rate their ability to change focus from near to far **significantly better with AIR OPTIX® AQUA MULTIFOCAL contact lenses than with monovision.**[2]
- Nearly 2 out of 3 eye care practitioners agreed that AIR OPTIX® AQUA MULTIFOCAL contact lenses **are easier to fit than monovision.**[3]
- Unique presbyopic lens system with 3 ADD powers is designed to **successfully fit emerging presbyopes sooner** and smoothly transition patients through the different stages of presbyopia.



To order your free trial lenses, go to mycibavision.com or call 1-800-241-5999.

CIBA VISION™
Shared Passion for Healthy Vision and Better Life

*AIR OPTIX® AQUA MULTIFOCAL (lotrafilcon B) contact lenses: Dk/t = 138 @ -3.00D. **Compared to ACUVUE® OASYS® for PRESBYOPIA contact lenses based on subjective ratings.

Important information for AIR OPTIX® AQUA MULTIFOCAL (lotrafilcon B) contact lenses: For daily wear or extended wear up to 6 nights for near/far-sightedness and/or presbyopia. Risk of serious eye problems (i.e., corneal ulcer) is greater for extended wear. In rare cases, loss of vision may result. Side effects like discomfort, mild burning or stinging may occur.

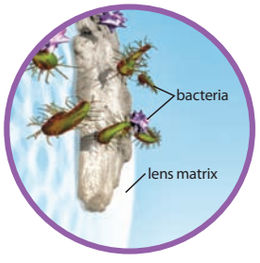
References: 1. In a randomized, subject-masked clinical study at 20 sites with 252 patients; significance demonstrated at the 0.05 level; CIBA VISION data on file, 2009. 2. Woods J, Woods C, Fonn D. Early symptomatic presbyopes—What correction modality works best? *Eye & Contact Lens.* 2009;35(5):221-226. 3. Rappon J, Bergenske P. AIR OPTIX AQUA MULTIFOCAL contact lenses in practice. *Contact Lens Spectrum.* 2010;25(3):S7-9.

Can lens care improve lens wear?

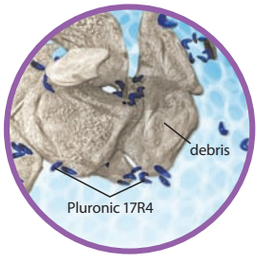
Absolutely. For an extraordinary lens-wearing experience with today's soft contact lenses, just add Clear Care® Cleaning and Disinfecting Solution.

Switch patients to the powerful triple-action cleaning of Clear Care®

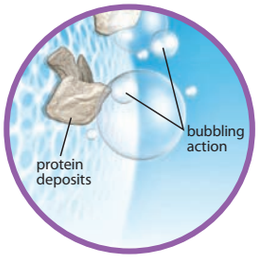
Clean contact lenses are key to comfortable wear, and only Clear Care® has powerful triple-action cleaning.



1. DEEP CLEANS
Hydrogen peroxide penetrates the lens and kills germs and bacteria for strong disinfection and deep cleaning.



2. LOOSENS DIRT
A built-in surfactant, Pluronic 17R4, breaks down and lifts away debris and protein deposits.



3. ENHANCES PROTEIN REMOVAL
The unique formula of Clear Care® bubbles to enhance surface protein removal.

Research shows Clear Care® demonstrates excellent biocompatibility with all lens types[1]. Plus, Clear Care®:

- **Delivers powerful efficacy** on both active and dormant forms of Acanthamoeba castellanii and polyphaga[2,3]
- **Exceeds disinfection efficacy** requirements[4*]
- **Virtually eliminates the incidence of solution-induced corneal staining** among today's contact lens wearers[1,5]

Recommend Clear Care® to all your patients who experience lens-related dryness and irritation with other solutions.

For more information for your patients about Clear Care,® go to **clearcaresolution.com** or call **1-800-241-5999.**

CIBA VISION
Shared Passion for Healthy Vision and Better Life

*FDA and ISO requirements for disinfection efficacy. **References:** 1. Carnt N, Willcox M, et al. Corneal staining: the IER matrix study. *Contact Lens Spectrum.* 2007;22(9):38-43. 2. Mowrey-McKee M, George M. Contact lens solution efficacy against Acanthamoeba castellanii. *Eye Contact Lens.* 2007;33(5):211-215. 3. CIBA VISION data on file, 2009. 4. CIBA VISION data on file, 2000. 5. Carnt N, Evans V, et al. IER Matrix Update: Adding another silicone hydrogel. *Contact Lens Spectrum.* 2008;23(3):40-43.